

Name
in
Full

Howard E. Adams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mount Winans		County Baltimore		MARYLAND	
Date of death		1908	Month May	Day 31	Age 11 months	Years 11	Months 7
Sex Male		Color or Race White		Birth-place Baltimore			
Occupation Infant		Where Residing if not at place of death					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Wm. H. Adams		Father's Birthplace Baltimore					
Mother's Maiden Name Lena Beckhusen		Mother's Birthplace Baltimore					
Name of person giving information Wm. H. Adams		How related to deceased Father					

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Gastro-Enteritis	How long	7 days
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. L. Lusk	
Address		653 Columbia St	
Accident or Suicide?			

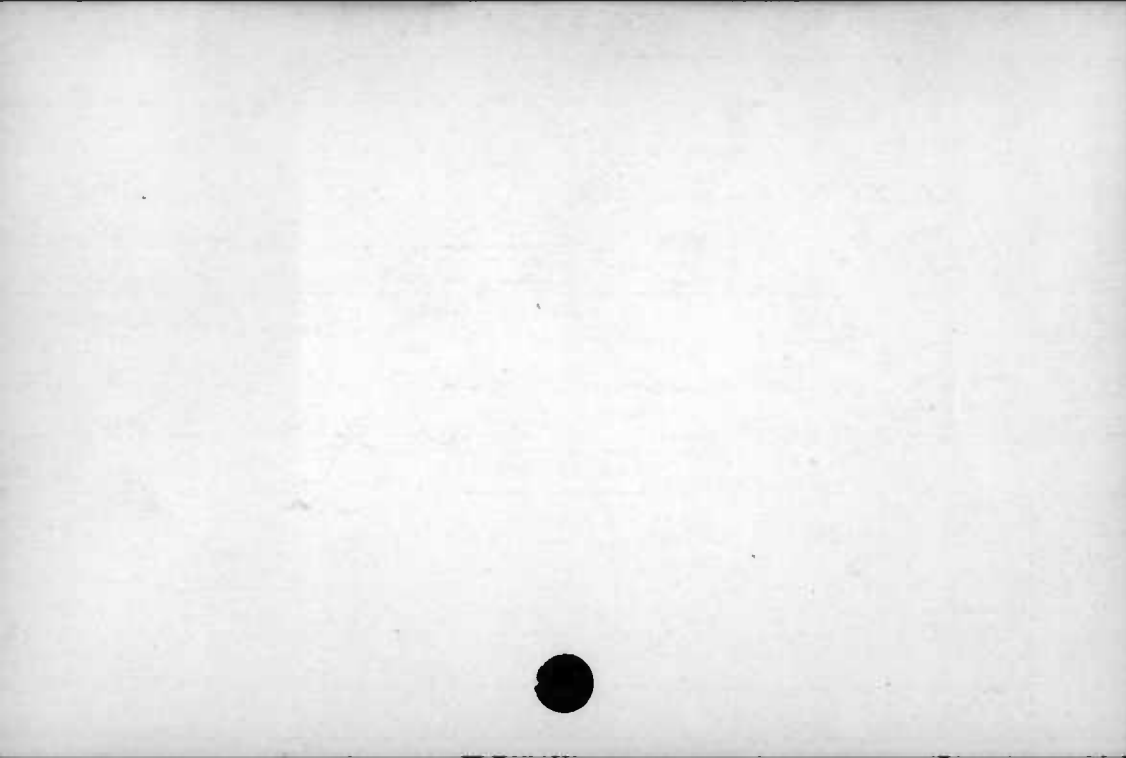
Robt Brooks & Son

Mount Olivet Cem

Name in Full		Eunice S. Adreon				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Woodlawn		County Baltimore		MARYLAND
	Date of death	1908	Month	May	Day	8	Age
					Years	4	Months
							Days
	Sex	Female		Color or Race	white		Birth-place
							Baltimore Co
TO BE ANSWERED BY NEAREST FRIEND	Occupation		Home wife		Where Residing if not at place of death		
	Married, Single or Widowed		Married		Name of Wife or Husband		
					Joseph Adreon		
	Father's Name		Jesse Smith		Father's Birthplace		
					Ind		
	Mother's Maiden Name		Blanch E. Hudson		Mother's Birthplace		
				Ind			
TO BE ANSWERED BY NEAREST FRIEND	Name of person giving information		A. C. Smith		How related to deceased		
					Physician		
	CAUSES OF DEATH						66
	Primary		Anasarca of Brain		How long		
					1 year		
	Immediate		Hemiplegia		How long		
				Immediate			
PHYSICIAN OR CORONER	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					A. C. Smith		
					Address		
					Woodlawn Ste.		
Accident or Suicide?							

E M Mitchell
1201 W Fayette St
To Lorraine Cemetery

Name in Full		John Akehurst				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Park Heights Av		County Baltimore		MARYLAND
	Date of death		1908	Month May	Day 18	Age Years 64	Months 2 Days 26
	Sex		Male		Color or Race White		Birth- place Balto, Co.
	Occupation		Locomotive Engineer		Where Residing if not at place of death -		
	Married, Single or Widowed		Married		Name of Wife or Husband E Liza J. Akehurst		
	Father's Name		Charles Akehurst		Father's Birthplace England		
	Mother's Maiden Name		Not Known		Mother's Birthplace England		
	Name of person giving Information		E Liza J Akehurst		How related to deceased Wife		
CAUSES OF DEATH							64
PHYSICIAN OR CORONER	Primary		Cerebral hemorrhage + hemiplegia			How long 5 months	
	Immediate		Extended hemorrhage			How long 1 week	
	Are the name, age, sex, color, date and place correctly given above?			yes			
	Signature of Physician			B. F. Phillips M. D.			
	Address			1929 Madison Ave Balto. Ind.			
Accident or Suicide?							



Name
in
Full

Karl Albrecht

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Heathbrook		Baltimore Co.		MARYLAND	
Date of death		1908	May	5	Age	77	5 Months 8 Days
Sex		Male		Color or Race		White	
Occupation		Cabinet Maker		Where Residing if not at place of death		Heathbrook	
Married, Single or Widowed		Widower		Name of Wife or Husband		Emilie Albrecht	
Father's Name		Unknown		Father's Birthplace		Germany	
Mother's Maiden Name		Mary Fleichmann		Mother's Birthplace		Germany	
Name of person giving information		Mary Fleichmann		How related to deceased		Daughter	

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	Paralysis of the Heart & Venous Stiffness	How long	—
Immediate	Paralysis of the Heart	How long	2 months
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		J. J. Sebald M.D.	
Address		1001 E. 10th St. Balto. City.	
Accident or Suicide?		no	

810 Fredk ave
Balto.

C. W. Dill

Locdon Park Lem,

Name
in
Full

William Ballat

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Canton		County		Baltimore		MARYLAND	
Date of death	1908	Month	May	Day	27	Age	30	Months	
Sex	Male		Color or Race	Colored		Birth-place	Don't know		
Occupation	Laborer		Where Residing if not at place of death		1023 S. Clinton St				
Married, Single or Widowed	Single		Name of Wife or Husband						
Father's Name	Don't know					Father's Birthplace	Don't know		
Mother's Maiden Name	Don't know					Mother's Birthplace	Don't know		
Name of person giving information						How related to deceased			


CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary	Accidental Drowning	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	J. J. Judler MD
		Address	3426 E. Baltimore St
Accident or Suicide?			

City Morgan
May 27/08.

Name in Full		Elizabeth Beall				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Highland		County Baltimore		MARYLAND	
	Date of death	1908	Month May	Day 16	Age 34	Months 7	Days 13
	Sex	Female		Color or Race	White		Birth-place
	Occupation	Housewife		Where Residing if not at place of death			
	Married, Single or Widowed	Married		Name of Wife or Husband Thos. E. Beall			
	Father's Name	John T. Roderick				Father's Birthplace	Wales
	Mother's Maiden Name	Elizabeth Young				Mother's Birthplace	Germany
Name of person giving information	Thos. E. Beall				How related to deceased	Husband	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">80</div>							
PHYSICIAN OR CORONER	Primary	Angina Pectoris				How long	Slightly attended Post 24 hrs
	Immediate					How long	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		
					Address		
Accident or Suicide?				<div style="text-align: center;">  </div>			

L. Athey

Mt Carmel

H. Sander & Sons

May 19/08

Name in Full

Certificate of Death

Died at

Date 189

Male

Female

Husband

Wife

Father's

Name

Cause of

Death

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Bennett John Edward

Town
Calonsville

County

Baltimore

MARYLAND

Month
MayDay
13Y
35

M.

D.

Native of

Occupation

Md

Laborer

Married

~~Widow~~~~Divorced~~

Single

~~Widower~~

Number of children living

X

of

Annie Bennett

Mother's

Name

X 45

Primary

Immediate

General Paresis.

Exhaustion.

How long sick

2 weeks

Accident, Suicide, Homicide

Mary Wade

Md Dept. Calonsville, Md



Name
in
Full

Ambole. Bernghia

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} Bay View^{County} Baltimore

Date of death 1908 May

Day 16

Age 27 Years

Months

Days

Sex male

Color or Race

White

Birth-place

Italy

Occupation

Laborer

Where Residing if not at place of death

Banc St Balto City

Married, Single or Widowed

Single

Name of Wife or Husband

Father's Name

Unknown

Father's Birthplace

Unknown

Mother's Maiden Name

Unknown

Mother's Birthplace

Unknown

Name of person giving information

Geo W Sagar

How related to deceased

None

CAUSES OF DEATH

166

Primary

Run over by Rail

How long

—

Immediate

road train

How long

—

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

David A Thompson

Address

3422 E. Balto street

Accident or Suicide?

Accident

Baltimore Co Md.

Physician
OR CORNER

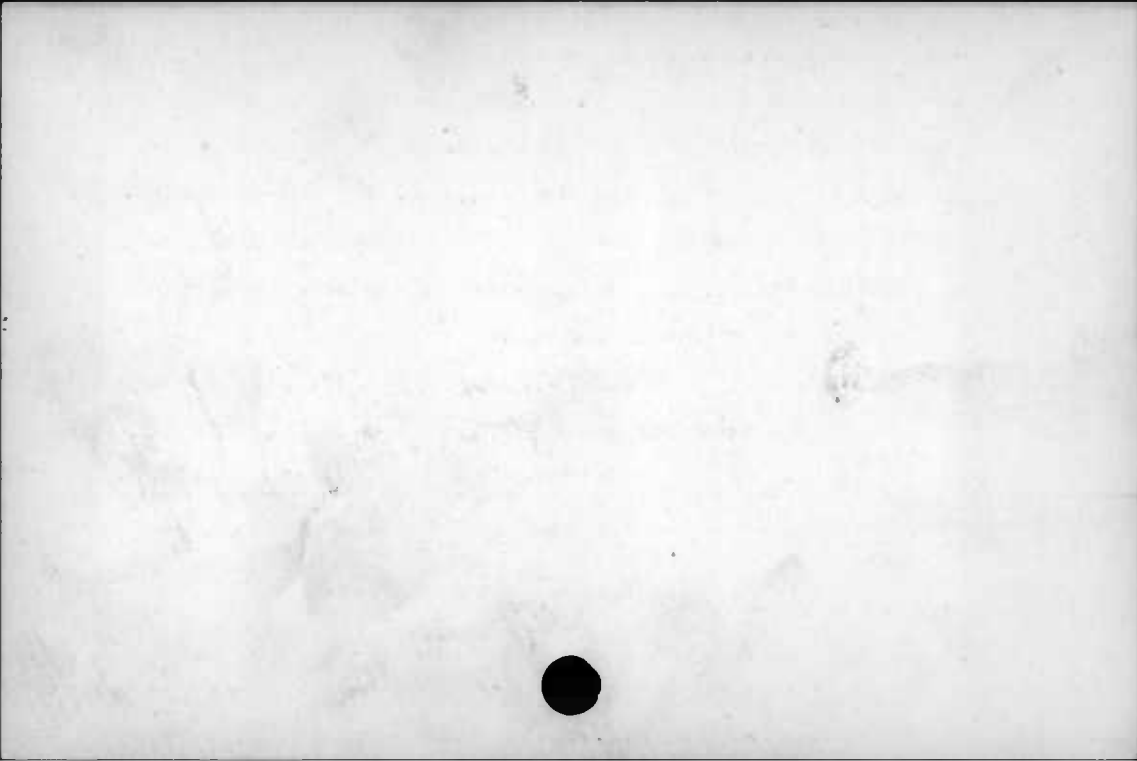
LIBRARY BUREAU A88612

Central Police Station -

City Morgue

May 16th / 1908.

Name in Full		Catherine Bezold				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County	MARYLAND			
		Old Friedrich Road		Batonsville	Baltimore				
		Date of death	1908	Month	May	Day	27	Years	78
				Months	00	Days	00		
		Sex	Female	Color or Race	White	Birth-place	Germany		
		Occupation	House Keeper		Where Residing if not at place of death				
		Married, Single or Widowed		Married		Name of Wife or Husband			
				Adam Bezold					
		Father's Name		John Bloome		Father's Birthplace			
						Germany			
		Mother's Maiden Name		Margaret Bloome		Mother's Birthplace			
						Roman			
		Name of person giving information		Adam Bezold		How related to deceased			
						Husband			
		CAUSES OF DEATH				(93)			
PHYSICIAN OR CORONER		Primary		Pneumonia		How long			
						1 week			
		Immediate		Exhaustion		How long			
		Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		J. Whiteley	
				Address		Batonsville Md.			
		Accident or Suicide?							



Name in Full		Certificate of Death			
Williams P. Biggs		TOWN		COUNTY	
Died at		Arlington		Baltimore	
Date of death		1908	Month	May	Day
		18	Age	36	Months
				4	Days
				23	
Sex		male	Color or Race	white	Birth-place
					Cincinnati Ohio
Occupation		Horse Trainer		Where Residing if not at place of death	
				Arlington	
Married, Single or Widowed		married	Name of Wife or Husband		
			Lottie L. Biggs		
Father's Name		John L. Biggs			Father's Birthplace
					Ohio
Mother's Maiden Name		Martha George			Mother's Birthplace
					Balto, Md
Name of person giving information		William L. Russell			How related to deceased
					Father-in-law
		CAUSES OF DEATH			
Primary		Tuberculosis			
Immediate		Exhaustion			
Are the name, age, sex, color, date and place correctly given above?		Yes			
Signature of Physician		M. F. Haderly			
Address		St. 8 Balt, Md.			
Accident or Suicide?					

Stewart & Morven Co
215 Park Ave

For ~~Interment~~ in

Gravel Ridge Cemetery

May - 20 - 1908.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Joseph Gibson Blucher</i>		Town <i>Roland Park</i>		County <i>Baltimore</i>		MARYLAND	
Died at <i>Roland Park</i>		Date of death <i>1908 May 11</i>		Age <i>1</i>		Months <i>6</i> Days <i>2</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Roland Park Md.</i>			
Occupation <i>None</i>		Where Residing if not at place of death <i>Place of death</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Clarence Blucher</i>		Father's Birthplace <i>Balto Md.</i>					
Mother's Maiden Name <i>Frances Herman Stoedter</i>		Mother's Birthplace <i>Balto Md.</i>					
Name of person giving information <i>Clarence Blucher</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

114

PHYSICIAN
OR CORONER

Primary	<i>Was found dead in bed. Had not been sick</i>	How long	<i>Not long</i>
Immediate	<i>By destruction liver evidently to external palpation</i>	How long	<i>Not long</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>M. Gibson Toller</i>	
		Address <i>Roland Park, Md.</i>	
Accident or Suicide? <i>No</i>			

OK.

Thomas O. Shanley

Crown

Roland Park

Baltimore

Md.

May 13 - 1900

St Mary Center
Hampden

A. J. Marshall

3539 Fall River

Name
in
Full

Obster D. Bond

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Town</u>		<u>Balto</u>		County		MARYLAND	
Date of death 190 <u>8</u>	Month <u>May</u>	Day <u>25</u>	Age <u>44</u>	Years	Months	Days	
Sex <u>male</u>	Color or Race <u>white</u>		Birth-place <u>Balto Co</u>				
Married, Single <u>or Widowed</u>			Occupation <u>Trainer</u>				
Name of Wife <u>or Husband</u> <u>Matha J. Bond</u>							
Father's Name <u>John Bond</u>				Father's Birthplace <u>unknown</u>			
Mother's Maiden Name <u>Catharine Clayton</u>				Mother's Birthplace <u>unknown</u>			
Name of person giving information <u>Matha J. Bond</u>				How related to deceased <u>Wife</u>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <u>Tuberculosis</u>	How long <u>6 Years</u>
Immediate <u>Tuberculosis</u>	How long <u>2 Years</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>Dr. G. H. Davis</u>
	Address <u>Pleasantville</u>
Accident or Suicide? <u>over</u>	<u>Hayford Co. Md.</u>

This house was
disfranchised on
May 26, 1901

J. F. W. Gossuch

Dist. H. S. 11 Dist-

**TO BE ANSWERED BY
NEAREST FRIEND**

Jerry Briscene Died at <u>12 th Dix.</u> ^{Town} <u>Baltimore</u> ^{County}					CERTIFICATE OF DEATH MARYLAND	
Date of death <u>1908</u> ^{Month} <u>May</u> ^{Day} <u>8</u>		Age <u>53</u> ^{Years}		Months <u>—</u> Days <u>—</u>		
Sex <u>male</u>		Color or Race <u>negro</u>		Birth-place <u>unknown</u>		
Occupation <u>Farm Laborer</u>		Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed <u>married</u>		Name of Wife or Husband <u>Don't know</u>				
Father's Name <u>Don't know</u>		Father's Birthplace <u>Don't know</u>				
Mother's Maiden Name <u>Don't know</u>		Mother's Birthplace <u>Don't know</u>				
Name of person giving Information <u>I. B. Tarbert</u>		How related to deceased <u>employer</u>				

CAUSES OF DEATH

10

PHYSICIAN
OR CORONER

Primary	<i>Ia Griffler + Senility</i>	How long <i>abt 3 mos ago</i>
Exhausting a disease? Immediate	<i>general senility</i>	How long <i>abt 1 mto.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician <i>J. M. ...</i>
		Address <i>Canton & Hill Sts</i>
Accident or Suicide?		

Felix B. Pye No 10 2. E. Mulberry St
Baltimore City

Place of Barrel
as beary ~~Don~~ ^{Don} Community
in Baltimore
MD
May 10 1808

Name in Full		(Orriscol) Leonard				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Leatonville ^{Town}		Dault ^{County}		MARYLAND
	Date of death		1908	May ^{Month}	8 ^{Day}	Age 48 ^{Years}	Months Days
	Sex		Male		Color or Race white		Birth-place Ind.
	Occupation		Farmer		Where Residing if not at place of death <input checked="" type="checkbox"/>		
	Married, Single or Widowed		Single		Name of Wife or Husband <input checked="" type="checkbox"/>		
	Father's Name		unk		Father's Birthplace unk		
	Mother's Maiden Name		unk		Mother's Birthplace unk		
	Name of person giving information				How related to deceased		
<div style="text-align: center;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary		Epileptic Insanity			How long 9 yrs.	
	Immediate		Lobar Pneumonia			How long 2 days.	
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician <i>J. Gray Miller</i>		
					Address Leatonville. Ind.		
	Accident or Suicide?		no				

93

Jas. B. Cook.
Green Mount.

Name in Full		Certificate of Death			
Anne Brown		Town Tuttersville		County Baltimore	
Died at		Date of death		Maryland	
1908 May 24		Age 69		Months <u> </u> Days <u> </u>	
Sex Female		Color or Race white		Birth-place Germany	
Occupation None		Where Residing if not at place of death		Tuttersville	
Married, Single or Widowed Single		Name of Wife or Husband		None	
Father's Name George Brown		Father's Birthplace		Germany	
Mother's Maiden Name Not known		Mother's Birthplace		Germany	
Name of person giving information Joseph Smith		How related to deceased		Bro. in Law	
CAUSES OF DEATH					
Primary		How long		Several yrs.	
Anemia - Abdominal Hemorrhage - Exhaustion		How long		few minutes	
Immediate		Signature of Physician		J. Gibson Smith	
Are the name, age, sex, color, date and place correctly given above?		Address		Tuttersville	
Physician or Coroner					

45

St. Mary's Cemetery
Hampden.

John Burroughs
Touson

Name
in
Full

Frances A Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Catonsville</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	<u>May</u> ^{Month}	<u>9</u> ^{Day}	Age <u>82</u> ^{Years}	<u></u> ^{Months}	<u></u> ^{Days}
Sex <u>Female</u>	Color or Race <u>white</u>		Birth-place <u>Maryland</u>		
Occupation <u>none</u>			Where Residing if not at place of death <u>Catonsville, Md.</u>		
Name of Deceased or Widowed			Name of Wife or Husband <u>Wm L. Brown</u>		
Father's Name <u>Wm J. Barton</u>			Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Not Known</u>			Mother's Birthplace <u>not known</u>		
Name of person giving Information <u>H. K. Zimmerman</u>			How related to deceased <u>Saughter</u>		

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <u>Old Age</u>	How long <u>10 yrs</u>
Immediate <u>asthenia</u>	How long <u>1 week</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>	Signature of Physician <u>Marshall B. West</u>
	Address <u>Catonsville, Md.</u>
Accident or Suicide? <u></u>	

May 9th 1908
Dear Doctor, Please grant
Permit for burial in
Green Mt cemetery and
oblige Stewart & Mowen Co

Name
in
Full

Harry E Buck

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at <i>Mt Hope Reformatory</i>		Town <i>Baltimore</i>		County	
Date of death	1908	Month	May	Day	27 th
Age	40	Years		Months	Not Known
Sex	Male	Color or Race	White	Birthplace	Unknown
Occupation	Salesman		Where Residing if not at place of death <i>Baltimore Md</i>		
Married, Single or Widowed	Married		Name of Wife or Husband <i>Unknown</i>		
Father's Name	<i>Unknown</i>		Fether's Birthplace <i>Unknown</i>		
Mother's Maiden Name	<i>"</i>		Mother's Birthplace <i>"</i>		
Name of person giving information	<i>Reeds Mt Hope Reformatory</i>		How related to deceased <i>Not at all -</i>		

CAUSES OF DEATH

68

PHYSICIAN
OR CORONER

Primary	<i>Mania acuti</i>	How long	<i>3 weeks</i>
Immediate	<i>Ex</i>	How long	<i>10 days -</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>Frank J. Flannery</i>	
		Address	
		<i>Mt Hope Reformatory</i>	
Accident or Suicide?			
		<i>Mt Hope Md</i>	



Name
in
FullTO BE ANSWERED BY
NEAREST FRIEND

Maria M. C. Burkhardt.

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Highlandtown^{County} Balto.

Date of death 1908

Month

Day

Age

Years

Months

Days

Sex

Color or
RaceBirth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

66

Primary

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

St. Pauls Cemetery
Monday May 25th 1888.
H. Sander Bean.

Name
in
Full

Concludis Bulby

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Granite</u> Town		<u>Bald</u> County		MARYLAND	
Date of death	1908	Month	May	Day	6
Age	Years		Months	Days	
Sex	female		Color or Race	Black	
Occupation			Birth-place	Granite Ind	
Where Residing if not at place of death			Sum		
Married, Single or Widowed			Name of Wife or Husband		
Father's Name			Edward Bulby		
Mother's Maiden Name			Sadie Green		
Name of person giving information			Sadie Green		
Father's Birthplace			W Va		
Mother's Birthplace			Ind		
How related to deceased			mother		

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary	<u>Marasmus</u>	How long	<u>all life</u>
Immediate	<u>Coma</u>	How long	<u>few hours</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		<u>R. J. Shepherd</u>	
Address		<u>Granite Ind</u>	
Accident or Suicide?			

Chas. Hall

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDName *Harmonia Burns*

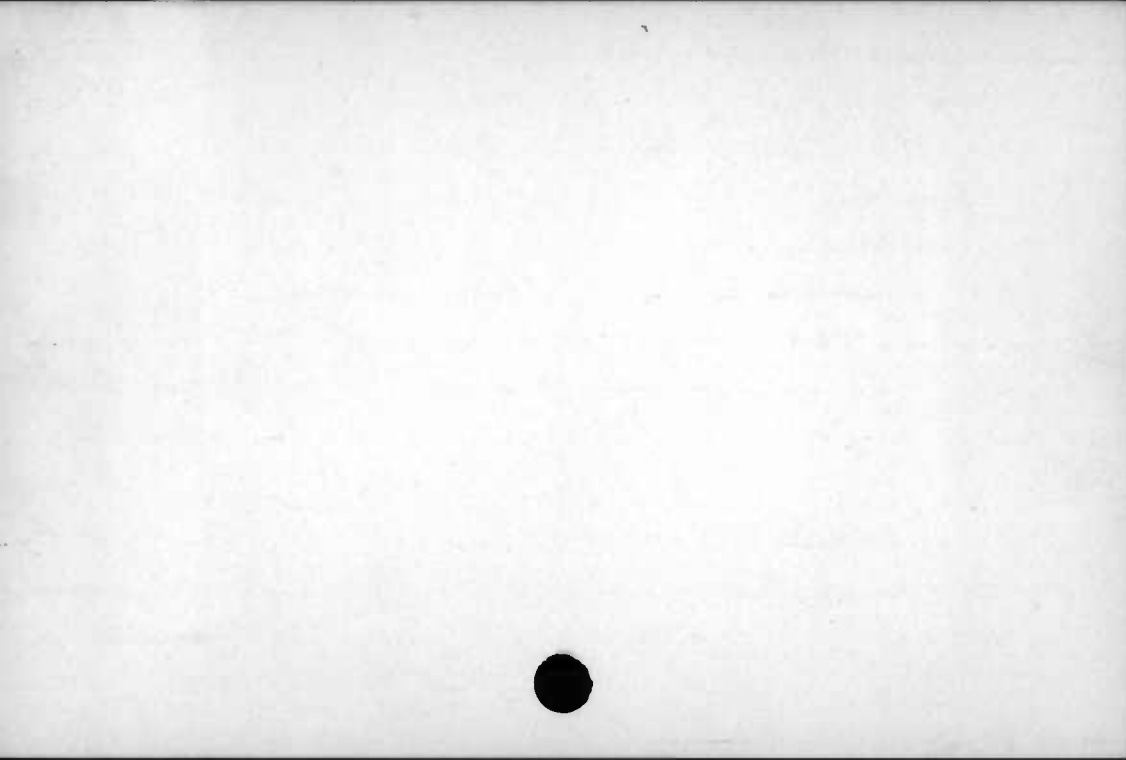
MARYLAND

Died at *Granite* TownCounty *Bald*Date of death *1908* Month *May*Day *16*Age *32* YearsMonths *—*Days *—*Sex *female*Color or Race *white*Birth-place *Ind*Occupation *Housewife*Where Residing If not at place of death *Int. Army Ind.*Married, Single or Widowed *married*Name of Wife or Husband *Silas Burns*Father's Name *Don't know*Father's Birthplace *Don't know*Mother's Maiden Name *Don't know*Mother's Birthplace *Don't know*Name of person giving information *John Ditty*How related to deceased *none*

CAUSES OF DEATH

93

PHYSICIAN
OR CORONERPrimary *Pneumonia*How long *6 days*Immediate *Cardiac asthma*How long *few hours*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *L. J. Triplett*Address *Granite Ind*Accident or Suicide? *no*



Name
in
Full

Mary Caldwell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

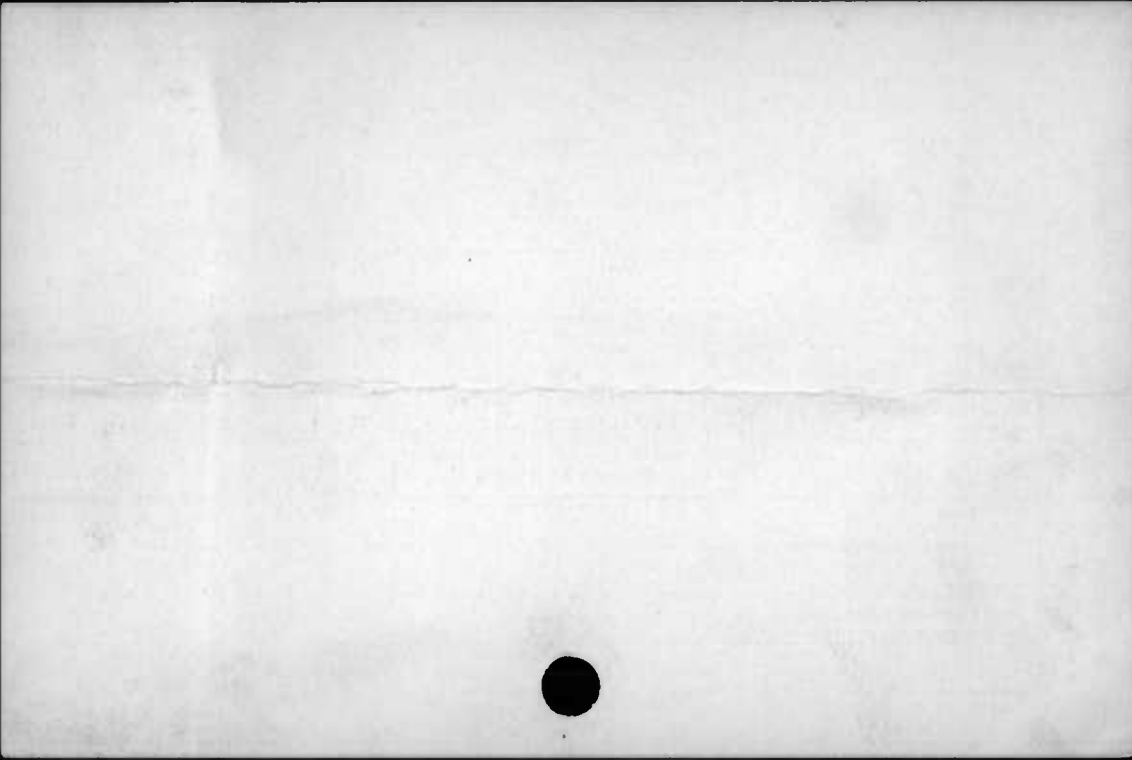
Died at <i>614 West</i> Town <i>Balto</i> County		MARYLAND	
Date of death <i>1908</i> Month <i>May</i> Day <i>2</i> Age <i>92</i> Years Months Days <i>7</i>	Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place
Occupation <i>None</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>widow</i>	Name of Wife or Husband <i>John Caldwell</i>		
Father's Name <i>James Wireman</i>	Father's Birthplace <i>Adams Co Pa</i>		
Mother's Maiden Name <i>Ruth Summers</i>	Mother's Birthplace <i>Adams Co Pa</i>		
Name of person giving information <i>Frank Mayo</i>	How related to deceased <i>None</i>		

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>old age</i>	How long
Immediate <i>Heart Failure</i>	How long <i>sudden</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Chas Stone</i>
	Address <i>New Freedom Pa</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Lebanonville</i> ^{Town}		<i>Polk Co.</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month	<i>May</i>	Day	<i>21</i>
Age		<i>84</i>	Years	Months	Days
Sex	<i>Female</i>	Color or Race	<i>white</i>	Birth-place	<i>Maryland</i>
Occupation	<i>None</i>	Where Residing if not at place of death <i>X</i>			
Married, Single or Widowed	<i>Single</i>	Name of Wife or Husband <i>X</i>			
Father's Name	<i>unk</i>	Father's Birthplace		<i>unk</i>	
Mother's Maiden Name	<i>unk</i>	Mother's Birthplace		<i>unk</i>	
Name of person giving information	<i>-</i>	How related to deceased		<i>-</i>	

CAUSES OF DEATH

92

Primary	<i>Terminal Dementia</i>	How long	<i>20 yrs</i>
Immediate	<i>Pneumonia</i>	How long	<i>3 days</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Percy Wade</i>
		Address	<i>Lebanonville Ind</i>
Accident or Suicide?	<i>No</i>		

PHYSICIAN
OR CORONER



Name
In
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Name *Jennie McCallahan* Town *North Hope Retreat* County *Baltimore*Died at *North Hope Retreat* Date of death *1908* Month *May* Day *27* Age *26* Years *unknown* Months *unknown* Days *unknown*Sex *Female* Color or Race *White* Birth-place *Md -*Occupation *Dressmaker* Where Residing if not at place of deathMarried, Single or Widowed *Single* Name of Wife or HusbandFather's Name *unknown* Father's Birthplace *unknown*Mother's Maiden Name *"* Mother's Birthplace *"*Name of person giving information *Recd. North Hope Retreat* How related to deceased *not at all*

CAUSES OF DEATH

(68)

Primary *Melancholia Agitata* How long *1 year -*
Immediate *Ex - Cerebral Congest & meningitis* How long *10 or 12 days*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *Frank J. Flannery*Address *North Hope Retreat*

Accident or Suicide?



Name
in
Full

Martha Ellen Carey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Stevenson ^{County} Bullo county

MARYLAND

Date of death 1908 ^{Month} May ^{Day} 7 ^{Years} 49 ^{Months} 3 ^{Days}Sex Female. Color or Race White Birth-place ^{Charlottesville} Virginia

Occupation House Wife Where Residing if not at place of death Stevenson

Married, Single or Widowed Married Name of Wife or Husband John Carey

Father's Name Edward Simmons Father's Birthplace Virginia

Mother's Maiden Name Mary Ann McFarrell Mother's Birthplace Virginia

Name of person giving information Genetics Dept. How related to deceased Sister

CAUSES OF DEATH

27

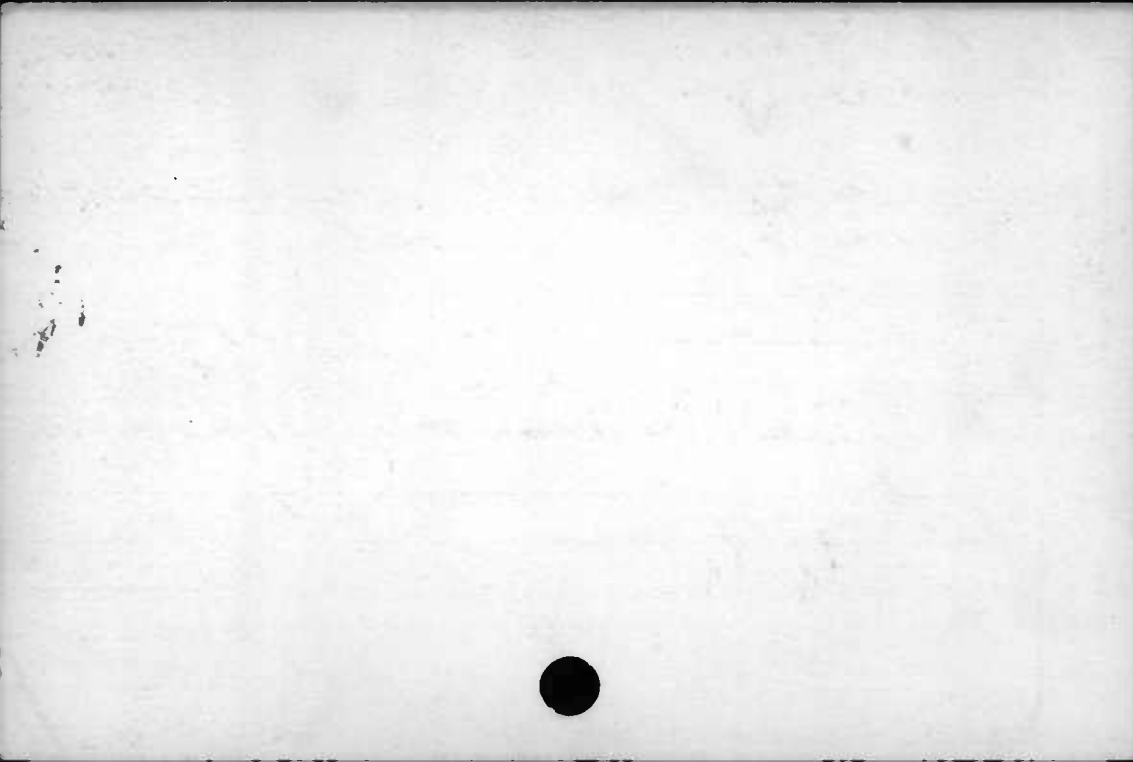
Primary Tuberculosis How long 2 yrs

Immediate Eosinophilia How long 1 day

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Nathan R. Smith
Address Brooklandville

Accident or Suicide?



Name in Full		CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Mt Hope Retriah		County Baltimore		MARYLAND	
	Date of death		1908	Month May	Day 6th	Years 47	Months not known	Days not known
	Sex		Female		Color or Race white		Birth-place Ga	
	Occupation		Religious		Where Residing if not at place of death Augusta Ga			
	Married, Single or Widowed		Single		Name of Wife or Husband			
	Father's Name		not known		Father's Birthplace not known			
	Mother's Maiden Name		" "		Mother's Birthplace " "			
Name of person giving information		Reeds Mt Hope Retriah				How related to deceased not at all		
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary		Mania Chronic				How long over 8 years	
	Immediate		Exhaustion				How long abt 2 wks	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician Frank J Flannery			
					Address Mt Hope Retriah Mt Hope Md			
Accident or Suicide?								



Name
in
Full

Emanuel Cedrino

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Principles</i>		Town		<i>Baltimore</i>		County		MARYLAND	
Date of death	<i>1908</i>	Month	<i>May</i>	Day	<i>29</i>	Age	<i>29</i>	Years	<i>1</i>
Sex		<i>Male</i>		Color or Race		<i>White</i>		Birth-place	
Occupation		<i>Mechanic Auto Repair Shop</i>		Where Residing if not at place of death		<i>Lynbrook, L.I.</i>			
Married, Single or Widowed		<i>Married</i>		Name of Wife or Husband		<i>Placidar</i>			
Father's Name		<i>Matthew Cedrino</i>		Father's Birthplace		<i>Italy</i>			
Mother's Maiden Name		<i>Lucie Chiavazza</i>		Mother's Birthplace		<i>N. Italy</i>			
Name of person giving information		<i>Matthew Lubbia</i>		How related to deceased		<i>Step-brother</i>			

(Killed instantly in an accident which occurred while racing an automobile.)

CAUSES OF DEATH

164

PHYSICIAN
OR CORONER

Primary	<i>Accidental (Automobile accident.)</i>	How long	<i>Immediate</i>
Immediate	<i>Fractured skull &c.</i>	How long	<i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	
Signature of Physician or Coroner		<i>W. Holliday Emish</i>	
Address		<i>Arlington Md. D.C.</i>	
Accident or Suicide?		<i>Accident</i>	

1/20

Sam M. Lanthrop

901 West North Ave

Name
in
Full

Richard Aubrey Chesley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Baltimore* Town

County

Date
of death *1908*Month *May*Day *21*

Age

Years *5*Months *11*

Days

Sex

*male*Color or
Race*Cord*Birth-
place*Ind*

Occupation

*Chief*Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name*Richard T. Chesley*Father's
Birthplace*Ind*Mother's
Maiden Name*Emily Thomas*Mother's
Birthplace*Ind*Name of person giving
information*R. T. Chesley*How related
to deceased*Father*

CAUSES OF DEATH

Primary

Severe burns from wood fire

How long

1 Month

Immediate

Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*S. C. Carried M. D.*

Address

Baltimore, Ind.

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

Hellen M Clements

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

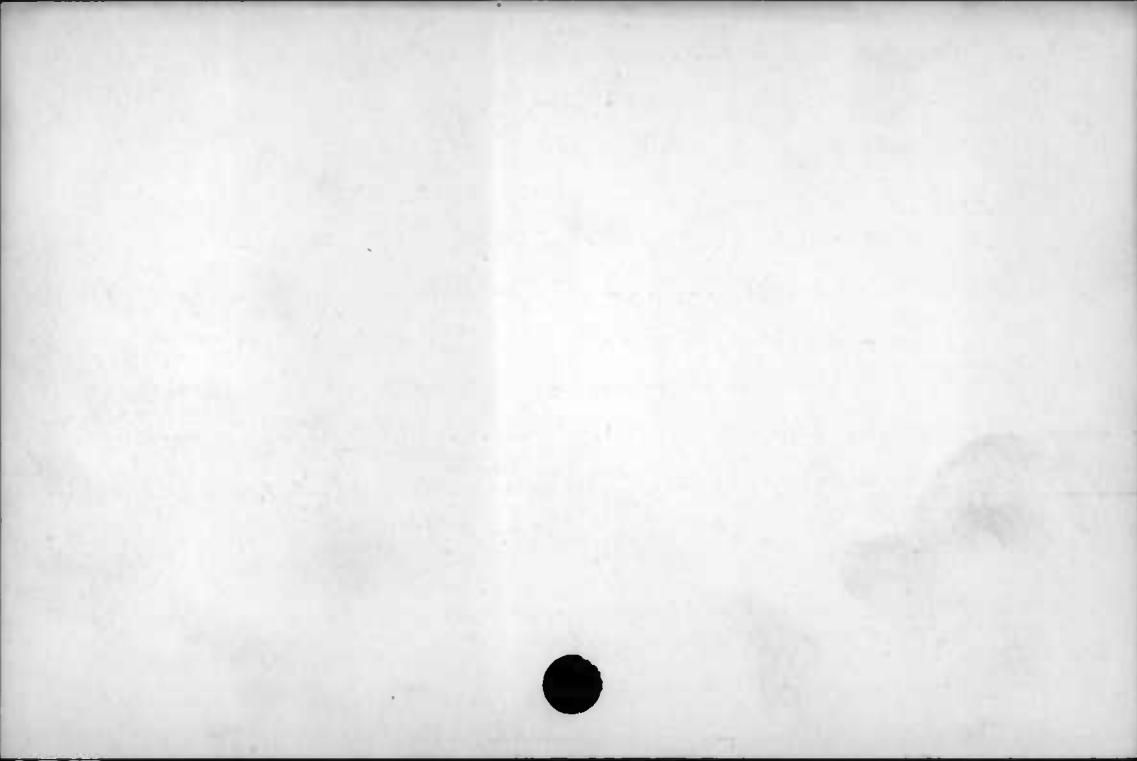
Died at		Cell		Town		Baltimore		County		MARYLAND	
Date of death		1908		Month		May		Day		24	
Sex		Female		Color or Race		White		Years		90	
Occupation		None		Birth-place		Maryland		Months		3	
Where Residing if not at place of death		Cell		Days		4					
Married, Single or Widowed		Single		Name of Wife or Husband		None					
Father's Name		Walter L Clements		Father's Birthplace		Maryland					
Mother's Maiden Name		Mary E Sweets		Mother's Birthplace		Maryland					
Name of person giving information		Walter L Clements		How related to deceased							

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Inflammation of Bowels	How long	20 days
Immediate	Exhaustion	How long	24 hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address	
		Elliott City	
Accident or Suicide?			



Name
in
Full

Lawrence C. Copiel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

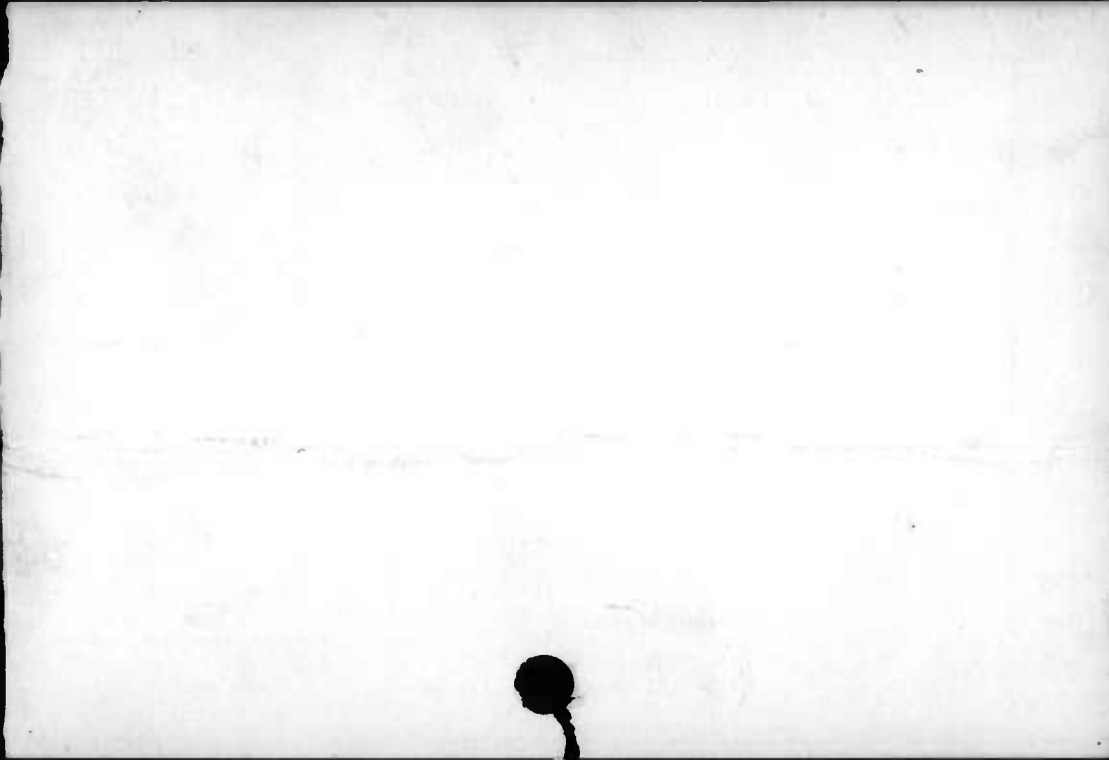
Died at <u>Trenton</u> ^{Town}		<u>Pratt</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	Month <u>3rd</u>	Day <u>25</u>	Age <u>—</u>	Months <u>1</u>	Days <u>9</u>
Sex <u>Male</u>	Color or Race <u>white</u>		Birth-place <u>Ind</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>—</u>			Name of Wife or Husband <u>—</u>		
Father's Name <u>Joshua Copiel</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Clara Emerson</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Joshua Copiel</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

157

PHYSICIAN
OR CORONER

Primary	How long
Immediate <u>Thrombosis</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	
Signature of Physician <u>Joast Wilson</u>	Address <u>Fowbleburg Ind</u>
Accident or Suicide? <u>—</u>	



Name
in
Full

James Colis

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Canton</u> ^{Town}		<u>Balto</u> ^{County}		MARYLAND	
Date of death <u>1908</u>	<u>May</u> ^{Month}	<u>27</u> ^{Day}	<u>40</u> ^{Years}	<u>—</u> ^{Months}	<u>—</u> ^{Days}
Sex <u>Male</u>	Color or Race <u>Colored</u>		Birth-place <u>Unknown</u>		
Occupation <u>Laborer</u>	Where Residing if not at place of death <u>Rock St.</u>				
Married, <u>—</u>	Name of Wife or Husband <u>Unknown</u>				
Father's Name <u>Unknown</u>	Father's Birthplace <u>Unknown</u>				
Mother's Maiden Name <u>Unknown</u>	Mother's Birthplace <u>Unknown</u>				
Name of person giving information <u>—</u>			How related to deceased <u>—</u>		

CAUSES OF DEATH

164

PHYSICIAN
OR CORONER

Primary <u>Fractured Skull, due to being crushed between wheel & belt</u>	How long <u>—</u>
Immediate <u>—</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>J. D. Sudler M.D.</u>
<u>—</u>	Address <u>3426 E. Balto St</u>
Accident <u>—</u>	

216 Rick St.
Balt. Md.

May 22/08

R. A. Elliott
506 Rogers Ave.

Name
in
Full

Daniel Edward Boyle.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

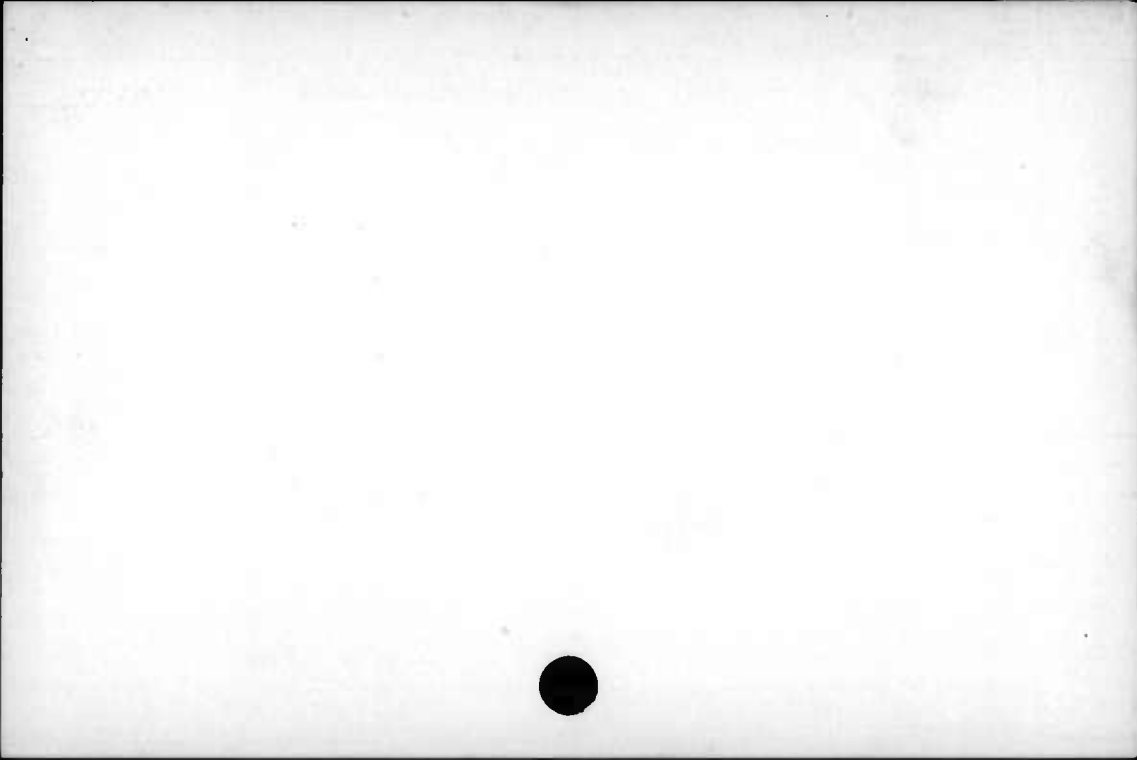
Died at <i>Calonsville</i> ^{Town}		<i>Bath</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>May</i>	Day <i>9</i>	Age <i>1</i>	Years <i>1</i>	Months <i>—</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Calonsville</i>		
Occupation <i>None</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>—</i>			Name of Wife or Husband <i>—</i>		
Father's Name <i>John Joseph Boyle</i>			Father's Birthplace <i>Bath, Co. Ind</i>		
Mother's Maiden Name <i>Mary Mullin</i>			Mother's Birthplace <i>Ireland</i>		
Name of person giving information <i>John J. Boyle</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary <i>Acute Nephritis</i>	How long <i>1 week</i>
Immediate <i>convulsions</i>	How long <i>24 hr</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G L Wallfield M D</i>
	Address <i>Calonsville, Md</i>
Accident or Suicide? <i>—</i>	



Name
in
Full

Henry Crilley

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at *Long Green* Town*Baltimore* County

MARYLAND

Date
of death *1908*Month
*May*Day
8

Age

Years
*77*Months
—Days
—

Sex

*Male*Color or
Race*White*Birth-
place*Ireland*

Occupation

*Laborer*Where Residing if not
at place of death~~*2544 Kavan*~~Married, Single
or Widowed*Widowed*Name of Wife or
Husband*Mary Kennedy*Father's
Name*John Crilley*Father's
Birthplace*Unknown*Mother's
Maiden Name*Annie McElroy*Mother's
Birthplace*Ireland*Name of person giving
In formation*Emma Crilley*How related
to deceased*Daughter*

CAUSES OF DEATH

*44*PHYSICIAN
OR CORONER

Primary

Cancer of nose

How long

Five or six years

Immediate

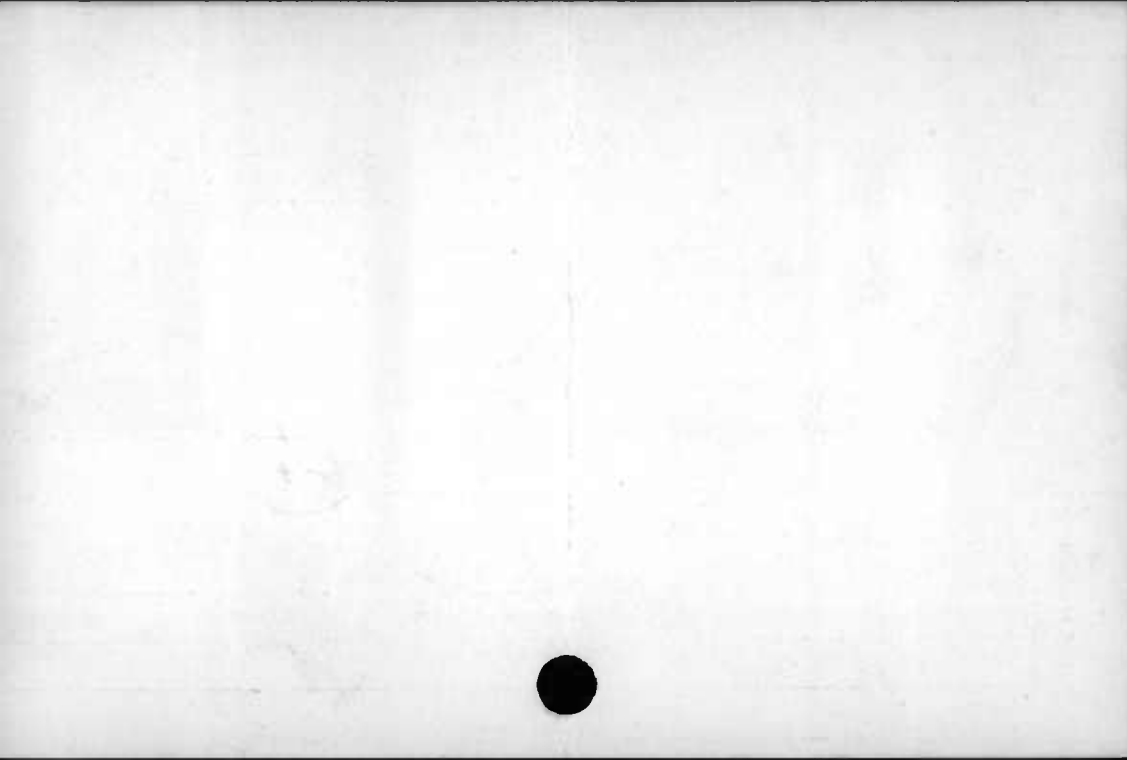
Old age & general debility

How long

*" " " "*Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician*John S. Green*

Address

*Gittings*Accident ~~*Swindle?*~~*md.*



Name
in
Full

Miss Ida Louisa Crosby

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Dillon</i> ^{Town} <i>Catonville</i> ^{County} <i>Baltimore</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>May</i>	Day <i>3rd</i>	Years <i>54</i>
Sex <i>Female</i>		Color or Race <i>White</i>	Birth-place <i>Bach, Co. Md.</i>
Occupation <i>Household duties</i>		Where Residing if not at place of death	
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>Samuel Kirk Crosby</i>	Father's Birthplace <i>Troy, N.Y.</i>		
Mother's Maiden Name <i>Georgiana Choate</i>	Mother's Birthplace <i>Bach, Co. Md.</i>		
Name of person giving information <i>Miss Minnie Crosby</i>	How related to deceased <i>Sister.</i>		

CAUSES OF DEATH

41

PHYSICIAN
OR CORONER

Primary <i>Intestinal carcinoma</i>	How long <i>3 mos. or longer</i>
Immediate <i>Syncope</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Samuel M. Munn</i>
	Address <i>Dickinson, Md.</i>
Accident or Suicide?	

London Club
May 5:08
3 o'clock

Name
in
Full

Emma B. Cross

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

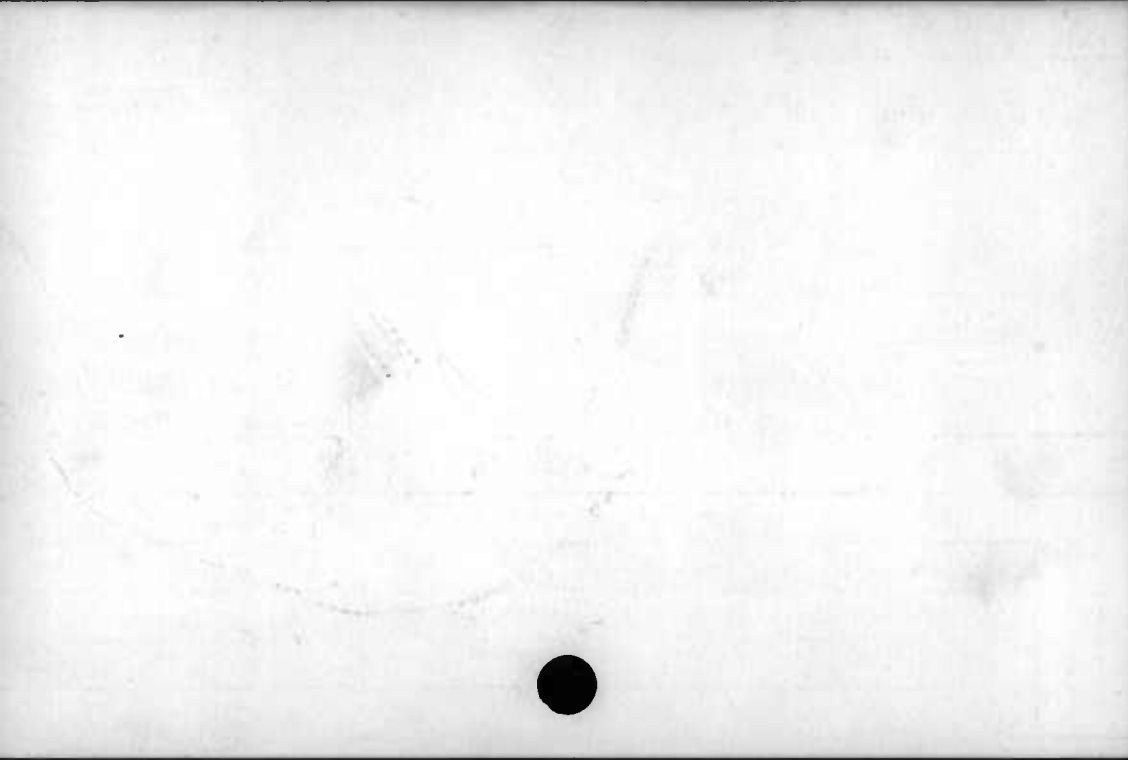
Died at <i>Parpton</i> ^{Town} <i>P.O.</i>		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	<i>May</i> ^{Month}	<i>9</i> ^{Day}	<i>5-9</i> ^{Years}	<i>3</i> ^{Months}
Sex	<i>Female</i>		Color or Race	<i>White</i>	
Occupation	<i>Housewife</i>		Birth-place	<i>Maryland</i>	
Where Residing if not at place of death					
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Philip J. Cross</i>	
Father's Name	<i>John Hayes</i>		Father's Birthplace	<i>Unknown</i>	
Mother's Maiden Name	<i>Rosanna Cole</i>		Mother's Birthplace	<i>Unknown</i>	
Name of person giving information	<i>Sallie Stiffler</i>		How related to deceased	<i>Not related</i>	

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Tubercular Pleurisy</i>	How long	<i>4 days.</i>
Immediate	<i>Pulmonary Thrombosis</i>	How long	<i>10 hours</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes.</i>	
Signature of Physician		<i>Joseph J. Baldwin</i>	
Address		<i>Freeland</i>	
Accident or Suicide?		<i>Baltimore Co.</i>	



Name
in
Full

Hazel M. Ditty

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Mt Winans		County Baltimore		MARYLAND	
Date of death		1908	Month May	Day 5 th	Age Years no	Months 7	Days 27
Sex female		Color or Race white		Birth- place Baltimore			
Occupation none		Where Residing if not at place of death Mt Winans					
Married, Single or Widowed Single		Name of Wife or Husband baby.					
Father's Name Charles Henry Ditty		Father's Birthplace Baltimore					
Mother's Maiden Name Margaret Rischhoff		Mother's Birthplace Baltimore					
Name of person giving Information Eddie Ditty		How related to deceased Grandmother					

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Tuberculosis	How long	5 months
Immediate	Exhaustion	How long	1 week
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician Dr. V. Glanville	
		Address Mt Winans Md	
Accident or Suicide?			

Chas. E. France.

London Park.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

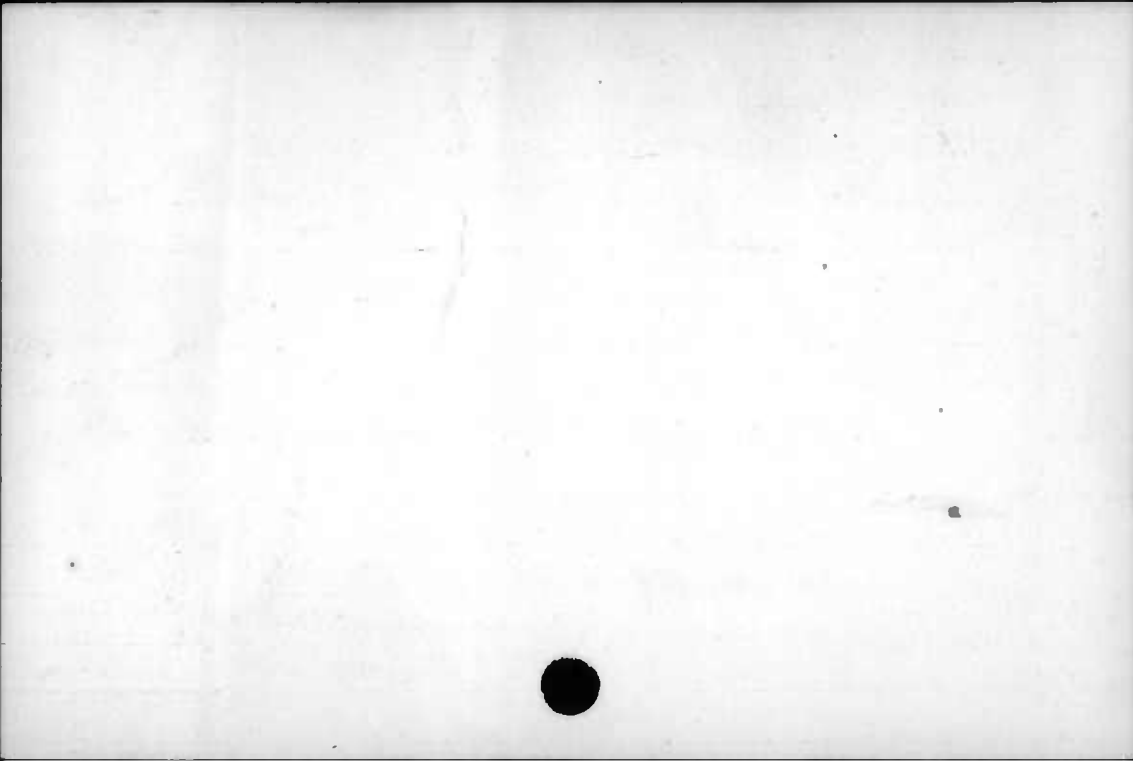
Died at <i>Ant Wmms</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month	<i>May</i>	Day	<i>29</i>
Age		<i>49</i>	Years	<i>no</i>	Months
Sex		<i>male</i>	Color or Race	<i>white</i>	Birth-place
Occupation		<i>Labree</i>	Where Residing if not at place of death <i>Ant Wmms</i>		
Married, Single or Widowed		<i>Married</i>	Name of Wife or Husband <i>Kate Delker</i>		
Father's Name <i>unknown</i>			Father's Birthplace <i>unknown</i>		
Mother's Maiden Name <i>unknown</i>			Mother's Birthplace <i>unknown</i>		
Name of person giving information <i>May Delker</i>			How related to deceased <i>Daughter</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>1 year</i>
Immediate	<i>Exhaustion</i>	How long	<i>2 weeks</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Reglauer</i>	
<i>yes</i>		Address <i>Ant Wmms</i>	
Accident or Suicide?		<i>no</i>	



Name
in
Full

Kate Delker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>cut winans</i>		Town <i>Belts</i>		County		MARYLAND	
Date of death	<i>1908</i>	Month <i>May</i>	Day <i>10</i>	Age <i>42</i>	Years	Months <i>2</i>	Days <i>2</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Belts Co</i>				
Occupation <i>House Wife</i>	Where Residing if not at place of death <i>cut winans Belts Co</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>George Delker</i>						
Father's Name <i>Theodore Schmidt</i>	Father's Birthplace <i>Gurney</i>						
Mother's Maiden Name <i>Margaretina Sreder</i>	Mother's Birthplace <i>Gurney</i>						
Name of person giving information <i>Margaretina Delker</i>	How related to deceased <i>Mother</i>						

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary Tuberculosis</i>	How long <i>9 Months</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frank H. Ruhl</i>
	Address <i>Lanodowne Belts Md</i>
Accident or Suicide?	

Jas Jordan & Son
Western Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mrs Sophie H. Bontz
Died at ^{Town} Longview ^{C. R. R.} ^{County} Balto
Date of death 1908 May 28 Age 47
Sex French Color or Race White Birth-place Bohemia
Occupation Housewife Where Residing if not at place of death 2324 Center Place
Married, Single or Widowed Married Name of Wife or Husband Oger Rylee
Father's Name I don't know Father's Birthplace Bohemia
Mother's Maiden Name Unknown Mother's Birthplace Bohemia
Name of person giving information (166) How related to deceased daughter

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Shock / Ring struck
Immediate by Rail Road
Are the name, age, sex, color, date and place correctly given above? ☒ Signature of Physician J. D. Linder M.D.
Address 3426 E. Balto
Accident or Suicide? ☒

23 & 4

Coyne Place
H. Crach & Son

Name
in
Full

Louisa Godby Dinning

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Sherwood</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death	1908	Month	May	Day	13
Age		Years		Months	
Sex		Color or Race		Birth-place	
Female		White		Balis Co. Md	
Occupation			Where Residing if not at place of death		
Married, Single or Widowed			Name of Wife or Husband		
S.					
Father's Name			Father's Birthplace		
Edward L. Dinning			Quebec Can		
Mother's Maiden Name			Mother's Birthplace		
Norah E. Lemon			Ireland		
Name of person giving information			How related to deceased		
Edward L. Dinning			Father		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Enteritis	How long	8 days -
Immediate	Interruption & exhaustion	How long	4 days -
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Ch. W. Van der	
		Address	
		200 W. Lafayette Ave.	
		Baltimore	
Accident or Suicide?			
✓			

Henry H. Jenkins and Sons Co

Place of Burial

Druid Ridge Cem

Name
in
Full

Elija Amanda Dixon

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Glyndon</u> <small>Town</small>		<u>Balto</u> <small>County</small>		MARYLAND	
Date of death	<u>1908</u> <small>Month</small>	<u>May</u> <small>Day</small>	<u>8</u> <small>Age</small>	<u>68</u> <small>Years</small>	<u>7</u> <small>Months</small>
Sex	<u>Female</u>	Color or Race	<u>white</u>	Birth-place	<u>Frederick Co</u>
Occupation	<u>House wife</u>		Where Residing if not at place of death		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>B. S. Dixon</u>		
Father's Name	<u>Peter Thomas</u>		Father's Birthplace	<u>Frederick Co</u>	
Mother's Maiden Name	<u>Eusan Whipple</u>		Mother's Birthplace	<u>Frederick Co</u>	
Name of person giving information	<u>B. S. Dixon</u>		How related to deceased	<u>Husband</u>	

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary	<u>Nephritis</u>	How long	<u>Don't know</u>
Immediate	<u>acute nephritis</u>	How long	<u>Five days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<u>yes</u>		<u>J. R. R. L. L. L.</u>	
		Address	
		<u>Glyndon</u>	
Accident or Suicide?			



Name in Full		Stanisla A. Dörfler -				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Highlandtown		County Baltimore		MARYLAND		
	Date of death	1908	Month 5	Day 11	Age 41	Years 6	Months 8	
	Sex	Female		Color or Race	White		Birth-place	
	Occupation	House wife		Where Residing if not at place of death		Highlandtown -		
	Married, Single or Widowed	Married		Name of Husband		John Dörfler		
	Father's Name	John Fischer		Father's Birthplace		Germany		
	Mother's Maiden Name	Annie Fischer		Mother's Birthplace		Germany		
	Name of person giving information	John Dörfler		How related to deceased		Husband		
PHYSICIAN OR CORONER	Cause of Death		Cancer of breast.		43			
	Primary	Carcinoma - Cancer		How long		1 year & less		
	Immediate	Cardiac syncope		How long		2 wks.		
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		W. H. McCluskey, M.D.	
	Address		[Redacted]					
Accident or Suicide?								

Wendell Dippelt + Son
330 S. Bond St.

Sacred Heart Cemetery -
May 14 / 08

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Dorsey, Charles E

Died at **Lebanonville** ^{Town} **Putt** ^{County}

Date of death **1908** ^{Month} **May** ^{Day} **23** ^{Age} **36** ^{Years} **36** ^{Months} **36** ^{Days}

Sex **Male** Color or Race **White** Birth-place **Maryland**

Occupation **Farmer** Where Residing if not at place of death **X**

Married, Single or Widowed **Married** Name of Wife or ~~Husband~~ **Bertha Thomas**

Father's Name **Allen G. Dorsey** Father's Birthplace **Ind**

Mother's Maiden Name **Emma L. Pocock** Mother's Birthplace **"**

Name of person giving information **Larry C. Dorsey** How related to deceased **Brother**

CAUSES OF DEATH

93

PHYSICIAN
OR CORONER

Primary **Chronic Insanity** How long **5 mos.**

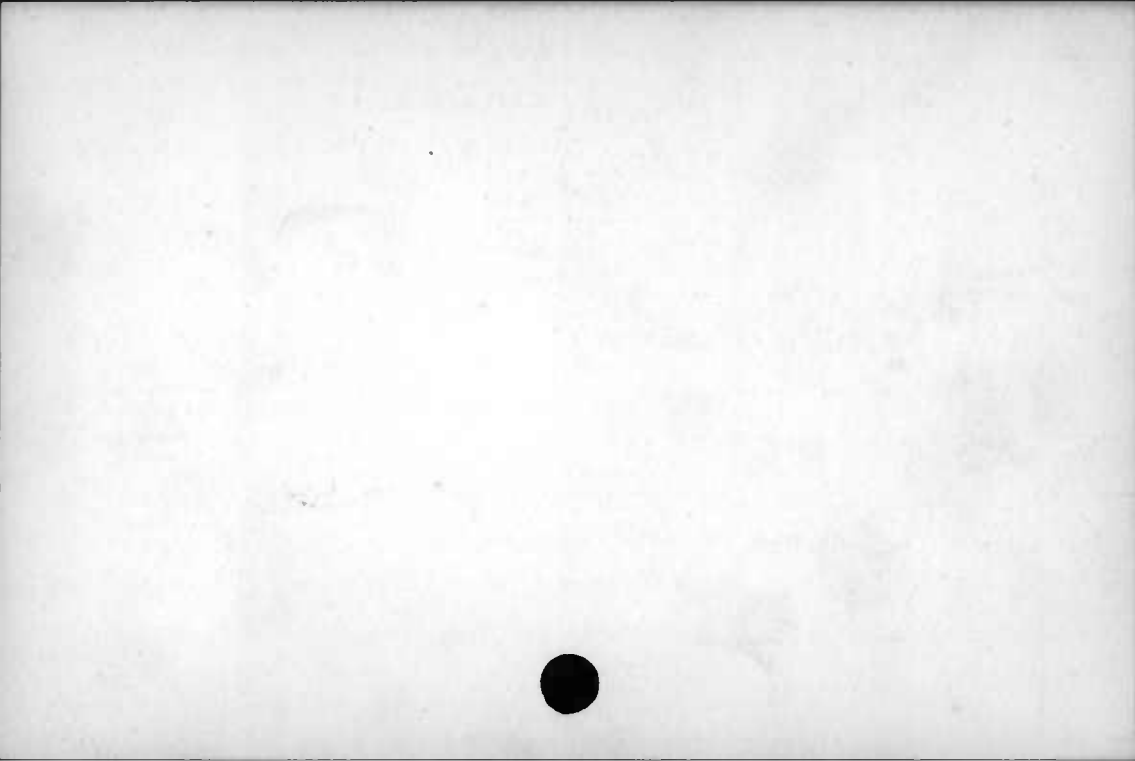
Immediate **Lobar Pneumonia** How long **3 days**

Are the name, age, sex, color, date and place correctly given above? **Yes**

Signature of Physician **J. Percy Wade**

Address **Lebanonville Ind**

Accident or Suicide? **No**



Name
in
Full

CERTIFICATE OF DEATH

Fannie Viola Dorsey

TO BE ANSWERED BY
NEAREST FRIEND

Died at Philopoli ^{Town} Baltimore ^{County} MARYLAND

Date of death 1908 ^{Month} 3 ^{Day} 3 ^{Age} 3 ^{Years} 1 ^{Months} 19 ^{Days}

Sex Female Color or Race Black Birth-place Philopoli

Occupation _____ Where Residing if not at place of death _____

~~Married~~ Single

Name of Wife or Husband

Father's Name

John J. Dorsey

Father's Birthplace

Philopoli

Mother's Maiden Name

Harriett Dorsey

Mother's Birthplace

Philopoli

Name of person giving Information

John J. Dorsey ✓

How related to deceased

Father

CAUSES OF DEATH

167

PHYSICIAN
OR CORONER

Primary

Burn by fire

How long

10 Weeks

Immediate

General exhaustion

How long

1 Week

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

R. W. Sherman

Address

Glencoe Rd

Accident or Suicide?

Interments at Stevenson
Chapelle Wednesday May
6th

M. C. Brooks

Name in Full <i>Mariana Domshevska</i>		CERTIFICATE OF DEATH	
Died at <i>North Point Road</i> ^{Town}		<i>Baltimore</i> ^{County}	
Date of death <i>1908</i> ^{Month} <i>8</i> ^{Day} <i>8</i>		Age <i>5</i> ^{Years} <i>8</i> ^{Months} <i>12</i> ^{Days}	
Sex <i>Female</i>		Color or Race <i>White</i>	
Occupation <i>none</i>		Birth-place <i>Baltimore County</i>	
Where Residing if not at place of death			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>	
Father's Name <i>Martin Domshevski</i>		Father's Birthplace <i>Germany</i>	
Mother's Maiden Name <i>Elizabeth Jouna</i>		Mother's Birthplace <i>Germany</i>	
Name of person giving information <i>Martin Domshevski</i>		How related to deceased <i>Father</i>	
CAUSES OF DEATH			
Primary <i>Pneumonitis</i>		<i>93</i> How long <i>9 days</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>John H. Rehberger</i>	
		Address <i># 1709 Alice Avenue St., Baltimore, Md.</i>	
Accident or Suicide? <i>—</i>			

M. F. SADOWSKI,
703 S. ANN ST.
BALTIMORE, MD.

St. Stanislaus Cemetery

MAY 9 - 1908

Name
in
Full

Benjamin Duffin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town <i>Halethrops</i>		County <i>Balto</i>		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		5	13	17			
Sex		Male		Color or Race		Colored	
Occupation		Laborer		Birth-place		Md.	
Where Residing if not at place of death		Washington Road					
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		Charles Duffin				Father's Birthplace	
Mother's Maiden Name		Nettie Johnson				Mother's Birthplace	
Name of person giving information		Charles Duffin				How related to deceased	
						Father	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	Heart Trouble	How long
Immediate	Heart failure	How long
Are the name, age, sex, color, date and place correctly given above?	yes	Immediate
Signature of Physician		August W. Miller, M.D.
Address		Mt. Winans
Accident or Suicide?		Balto Co., Md.

No. Skull
Mt Zion

Name
in
Full

Eliza Stanbury Eckel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *West Abington* ^{Town}*Balto Co* ^{County}Date of death *1908 May*Day *22nd*Age *56* ^{Years}Months *4*Days *15*Sex *Female*Color or
Race*White*Birth-
place*Baltimore City*

Occupation

*Teacher*Where Residing if not
at place of deathMarried, Single
or Widowed*Single*Name of Wife or
HusbandFather's
Name*Wm. J. Eckel*Father's
Birthplace*Balto.*Mother's
Maiden Name*Anna Sinclair*Mother's
Birthplace*Balto Co*Name of person giving
In formation*Johns Eckel*How related
to deceased*Brother*

CAUSES OF DEATH

160

Primary

Anemia

How long

14 months

Immediate

Razor (Cut Throat)

How long

Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*R. A. Haddaway
St. & City*~~Accident~~ or Suicide?

Green Mount Cemetery

Geo. F. Smith Co.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

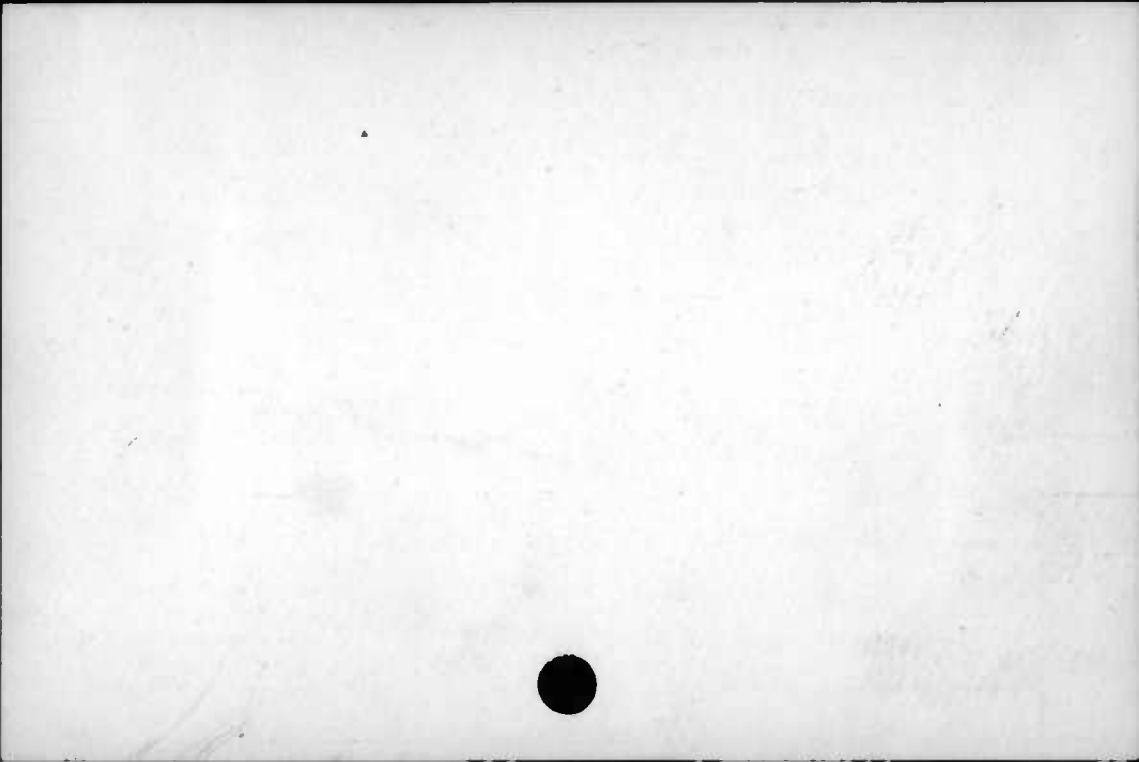
Name in Full <i>Mrs. Virginia Ellicott</i>		County <i>Balt.</i>		MARYLAND	
Died at <i>St Agnes Hospital</i>		Town <i>Balt.</i>			
Date of death <i>1908</i>	Month <i>May</i>	Day <i>13</i>	Age <i>74</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Wash D.C.</i>			
Occupation <i>None</i>	Where Residing if not at place of death <i>Balto Co.</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>John Ellicott</i>				
Father's Name <i>William Gordon</i>	Father's Birthplace <i>Maryland</i>				
Mother's Maiden Name <i>Rebecca Cook</i>	Mother's Birthplace <i>Virginia</i>				
Name of person giving information <i>R. S. W. Wood</i>	How related to deceased <i>Nephew</i>				

CAUSES OF DEATH

67

PHYSICIAN
OR CORONER

Primary <i>Dementia Paralytica</i>	How long <i>Several yrs.</i>
Immediate <i>Heart Failure</i>	How long <i>24 hrs.</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Alex. P. Harrison M.D.</i>
	Address <i>St Agnes Hospital Balto. Md.</i>
Accident or Suicide?	



Name
in
Full

William L. Faherty

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

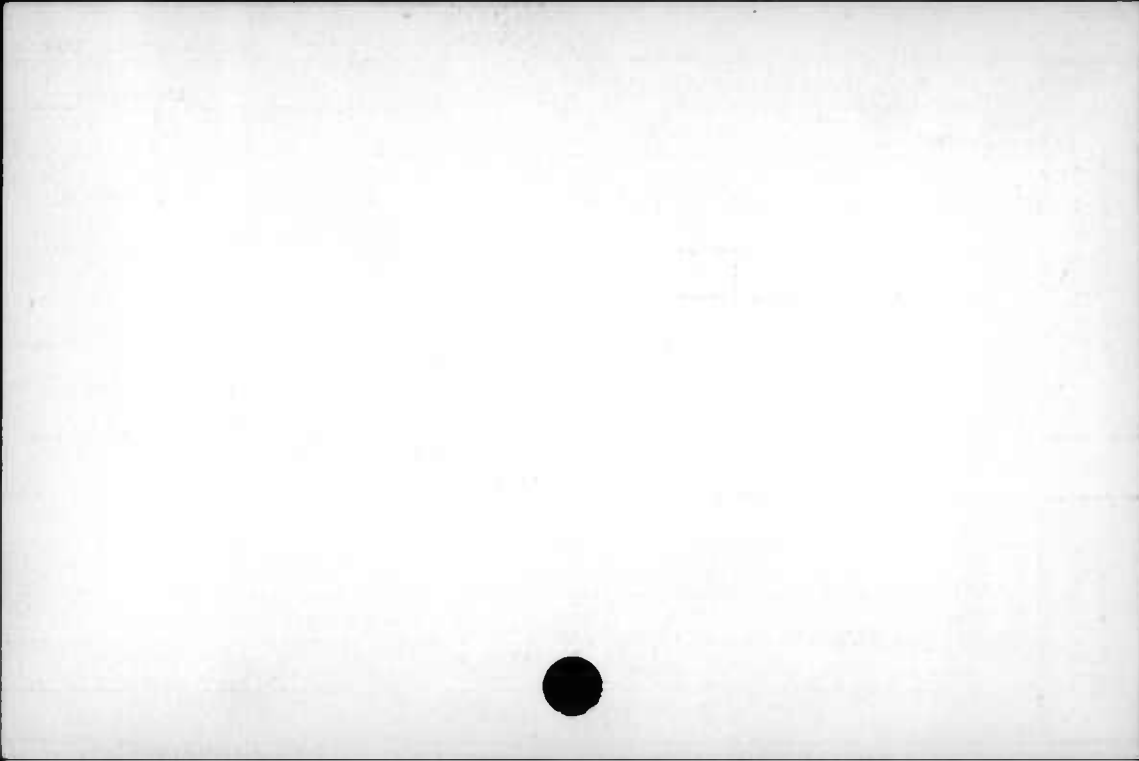
Died at		Town Pikesville		County Baltimore		MARYLAND	
Date of death		1908	Month 5	Day 19	Age 67	Years	Months Days
Sex Male		Color or Race White		Birth- place Baltimore			
Occupation Clerk		Where Residing if not at place of death Pikesville					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Do not know				Father's Birthplace Do not know			
Mother's Maiden Name Do not know				Mother's Birthplace Do not know			
Name of person giving In formation C. L. Latham				How related to deceased Nephew			

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary	Apoplexy	How long	10 hours
Immediate	"	How long	"
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		W. E. M.	
		Address Pikesville Md.	
Accident or Suicide?			



Name
in
Full

William J. Flannigan

CERTIFICATE OF DEATH

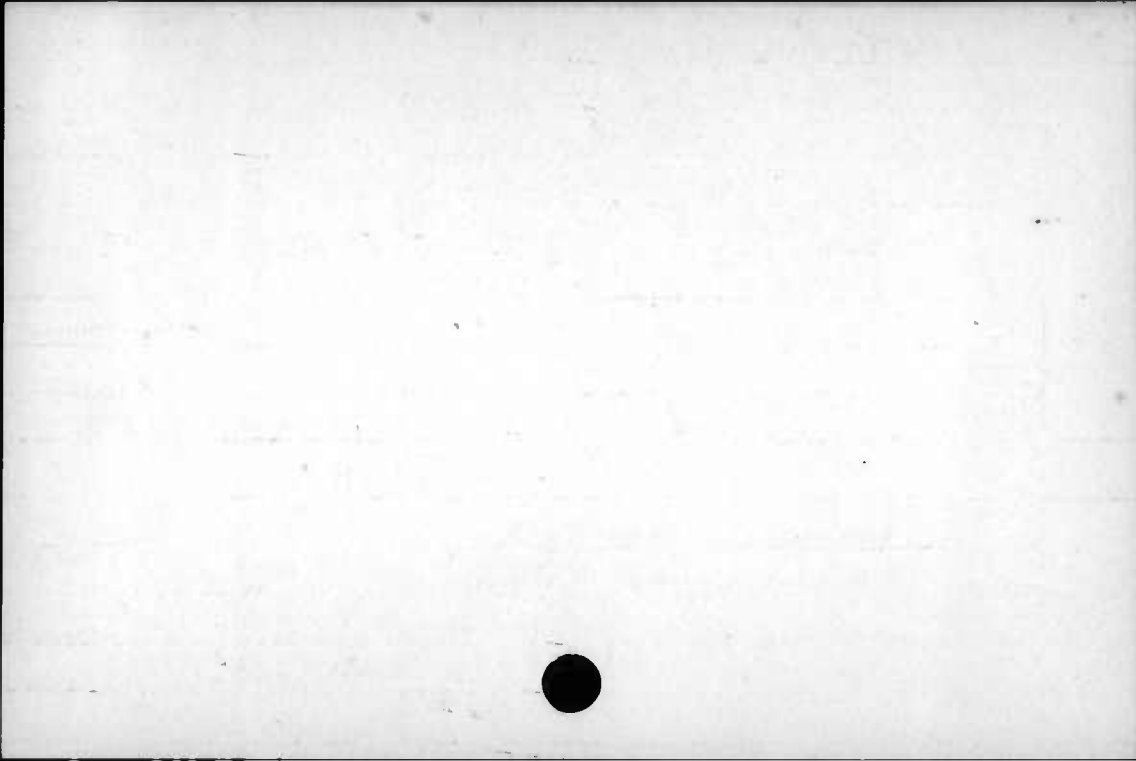
Died at <i>mt Hope Retreat</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	1908	Month	May	Day	3rd
Age	32	Years		Months	unknown
Sex	male	Color or Race	white	Birth-place	Balto Co Md.
Occupation	Plumber		Where Residing if not at place of death <i>Baltimore</i>		
Married, Single or Widowed	Married	Name of Wife or Husband <i>unknown</i>			
Father's Name	<i>unknown</i>			Father's Birthplace	<i>Ireland</i>
Mother's Maiden Name	"			Mother's Birthplace	"
Name of person giving information	<i>Reeds Mt Hope Retreat</i>			How related to deceased	<i>not at all</i>

CAUSES OF DEATH

68

Primary	<i>Mania Chronic</i>	How long	<i>over 5 yrs -</i>
Immediate	<i>Ex. Autotoxemia - Gastro Intest</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>Frank J. Flannery</i>
		Address	<i>mt Hope Retreat</i>
			<i>Sub Registration -</i>
Accident or Suicide?			

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full James Henry Foster		Town Pikeville		County Balls		State MARYLAND	
Date of death 1908		Month May	Day 17	Age 69	Years	Month 7	Days 3
Sex Male		Color or Race White		Birth-place Ta			
Occupation None		Where Residing if not at place of death					
Married, Single or Widowed Widowed		Name of Wife or Husband May Foster					
Father's Name Thos. Foster		Father's Birthplace Ta					
Mother's Maiden Name E. Lenora Douglas		Mother's Birthplace Ta					
Name of person giving information Mrs W E Bull		How related to deceased daughter					

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary Paralysis	How long over year
Immediate Cerebral hemorrhage	How long 12 hours
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician J. O. E. Myers
	Address Pikeville, Md
Accident or Suicide?	

Bertamby Gore
1723 W Lafayette
Ave

Name
in
Full

Katharine Friedel

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Canton		County Balto		MARYLAND		
Date of death		1908	Month May	Day 28	Age 6	Year 11	Months 20	Days
Sex Female		Color or Race White		Birth- place Balto Co.				
Occupation None				Where Residing if not at place of death				
Married, Single or Widowed		Single		Name of Wife or Husband				
Father's Name		George Friedel				Father's Birthplace		Balto. Co.
Mother's Maiden Name		Lena Kraus				Mother's Birthplace		Germany
Name of person giving In formation		George Friedel				How related to deceased		Father

CAUSES OF DEATH

7

PHYSICIAN
OR CORONER

Primary	Scarlet Fever	How long	2 days to my knowledge
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		C. N. Meyer	
Address			
Accident or Suicide?			

Sacred Heart Cemetery

May 29th 1908

Lilly & Zeiler

Undertakers

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Eliza A. Fuller.

Died at ^{Town} Catonsville^{County} Balto

MARYLAND

Date of death 1908

Month May

Day 15

Age 59

Years

Months 3

Days

Sex female

Color or Race

Colored

Birth-place

Balto Co

Occupation

Housework

Where Residing if not at place of death

Catonsville.

Married, Single or Widowed

married

Name of Wife or Husband

Ada Fuller.

Father's Name

Louis Gray.

Father's Birthplace

Unknown.

Mother's Maiden Name

S. Eliza Gray.

Mother's Birthplace

Unknown

Name of person giving information

Ada Fuller

How related to deceased

Husband

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary

Pulmonary Tuberculosis

How long

6 mos.

Immediate

Asthenia

How long

1 month

Are the name, age, sex, color, date and place correctly given above?

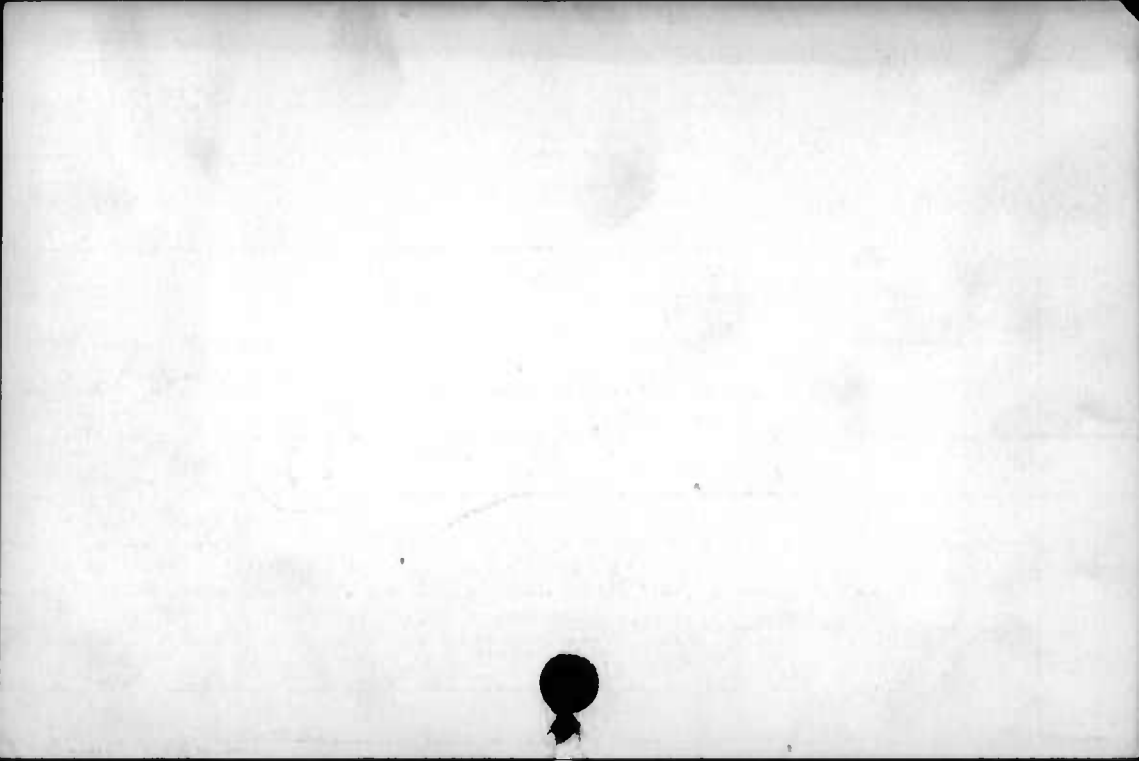
yes

Signature of Physician

Address

Marshall B. West,
Catonsville, Md.

Accident or Suicide?



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN-
OR CORONER

Michael Galuccia

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Highlandtown ^{County} BaltimoreDate of death 1908 ^{Month} May ^{Day} 14 ^{Age} 18 ^{Years} ^{Months} ^{Days} 7Sex Male ^{Color or Race} White ^{Birth-place} Italy
Occupation Laborer ^{Where Residing if not at place of death} 1142 Fayette St. BaltoMarried, Single or Widowed Single ^{Name of Wife or Husband}

Father's Name Angelon Galuccia

Father's Birthplace Italy

Mother's Maiden Name Cylinia Lafatta

Mother's Birthplace Italy

Name of person giving information John Galuccia

How related to deceased Brother

CAUSES OF DEATH

176

Primary Bullet wound from Pistol

How long

Immediate Internal Haemorrhage

How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

David A. Thompson
3422 E. Baltimore St.
Baltimore County Md.

Accident or Suicide?

Murder

Family

Wendell Dippell & Sons

St. Vincent Cemetery,
May 16/08.

Name
in
Full

Mary E. Galvin

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Cella Town Balto County

DATE of death 1908 May Month 24 Day Age 46 Years Months no Days no

Sex Female Color or Race White Birth-place Maryland

Occupation House keeper Where Residing if not at place of death Cella

Married, Single or Widowed Widower Name of Wife or Husband none

Father's Name Albert Seister Father's Birthplace Maryland

Mother's Maiden Name Julia A Seaster Mother's Birthplace Maryland

Name of person giving information Ida Steigleman How related to deceased Sister

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

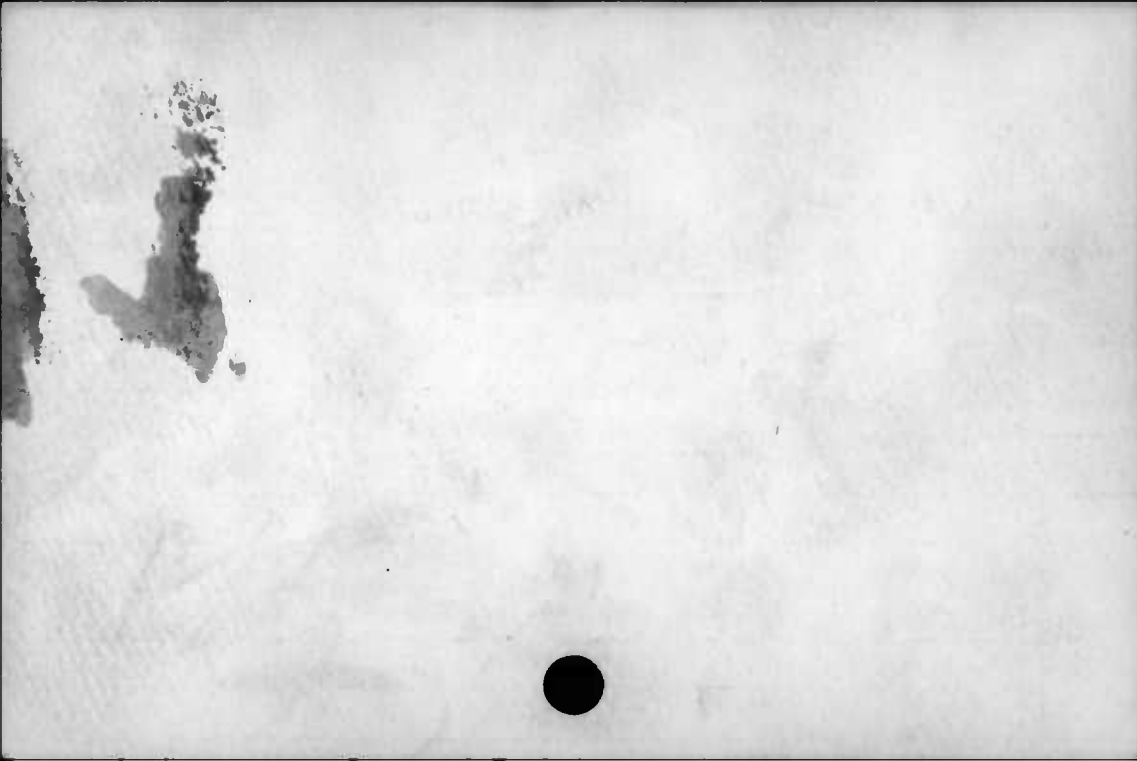
Primary Organic Heart Disease How long Some years

Immediate Heart Failure How long 15 minutes

Are the name, age, sex, color, date and place correctly given above? Yes Signature of Physician B. J. Payne

Address Ellicott City Md

Accident or Suicide? no



Name in Full		William E. Gagner				CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town Canton	County Baltimore		MARYLAND					
		Date of death		1908	Month May	Day 3	Age 45	Years 2	Months 21	Days		
		Sex		Male		Color or Race		White		Birth-place	Balt. Md.	
		Occupation				Manager				Where Residing if not at place of death		
		Married, Single or Widowed		Married		Name of Wife or Husband		Lena Gagner				
PHYSICIAN OR CORONER		Father's Name				John G. Gagner				Father's Birthplace		Germany
		Mother's Maiden Name				Annie M. Mang				Mother's Birthplace		Germany
		Name of person giving information				Lena Gagner				How related to deceased		Wife
		CAUSES OF DEATH						(27)				
PHYSICIAN OR CORONER		Primary				Cela & Ex/ven				How long		2 mnd
		Immediate				Acute Phthis				How long		2 mnd
		Are the name, age, sex, color, date and place correctly given above?				Yes				Signature of Physician		E. W. Denny M.D.
										Address		604 Bank & Exp
		Accident or Suicide?				No						

Dr. Jarmey
Bank near Highland
H. Sander & Sons Ave
Mt Carmel
May 6/08

Name
in
Full

Magdalena Jetz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

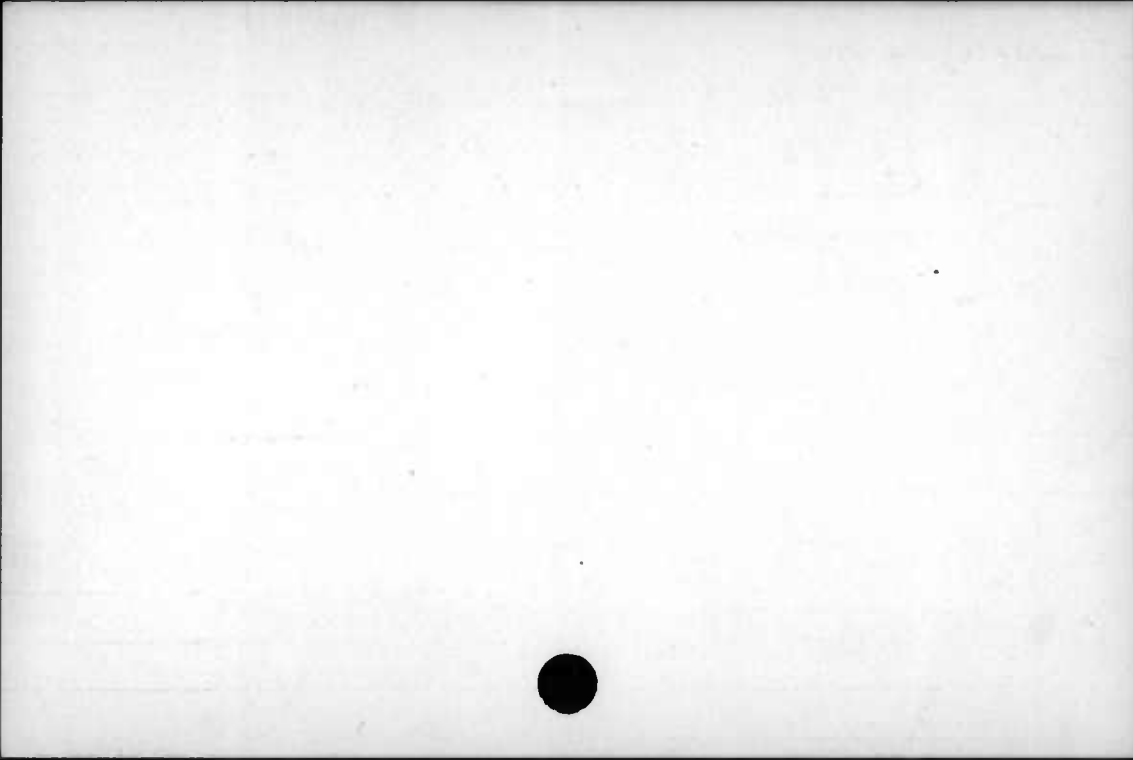
Died at		Town Fullerton		County Balto		MARYLAND	
Date of death	1908	Month May	Day 4	Age Years	91	Months	11
						Days	12
Sex	Female		Color or Race	white		Birth- place	Europe
Occupation	House wife			Where Residing if not at place of death		Fullerton Ind	
Married Widowed	Name of Husband			Carnad Jetz			
Father's Name	Unknown			Father's Birthplace		Europe	
Mother's Maiden Name	Unknown			Mother's Birthplace		LI	
Name of person giving In formation	Mary E Schisler			How related to deceased		Grand Daughter	

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary	old age	How long	
Immediate	Exhaustion	How long	
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	Wm D Corse MD
		Address	Bondenville Ind
Accident or Suicide?			



Name in Full		John H. Glover				CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND	Died at	Sheppard Hospital		Baltimore		MARYLAND							
	Date of death	1908	Month	May	Day	2.	Age	34	Years	1	Months	16	Days
	Sex	Male		Color or Race		White		Birth-place		Cleveland O.			
	Occupation	Hardware Merchant				Where Residing if not at place of death				Baltimore.			
	Married, Single or Widowed	Married		Name of Wife or Husband		Mrs. John H. Glover.							
	Father's Name	William H. Glover.						Father's Birthplace		Unknown			
	Mother's Maiden Name	Margaret Thumbert						Mother's Birthplace		Unknown			
Name of person giving information													
<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; font-size: 2em; font-weight: bold;">68</div> </div>													
PHYSICIAN OR CORONER	Primary	Acute Colloidal Delirium						How long		one week.			
	Immediate	Exhaustion						How long		a few hours.			
	Are the name, age, sex, color, date and place correctly given above?		Yes.		Signature of Physician		W. B. Cornell						
					Address		Sheppard & E. Pratt Hospital, Towson, Md.						
	Accident or Suicide?												

WJ Picknesse
London Park

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>Mary E Gorsuch</i>		Town <i>Parkerville</i>		County <i>Balto.</i>		MARYLAND	
Died at							
Date of death		Month <i>May</i>	Day <i>19</i>	Years <i>49</i>	Months <i>8</i>	Days <i>24</i>	
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Maryland</i>			
Occupation <i>home work</i>		Where Residing if not at place of death <i>Parkerville</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Thomas Gorsuch</i>					
Father's Name <i>Eliza M Hansbury</i>		Father's Birthplace <i>Ind</i>					
Mother's Maiden Name <i>Elizabeth Miles</i>		Mother's Birthplace <i>Ind</i>					
Name of person giving information <i>Mrs K Feiers</i>		How related to deceased <i>None</i>					

CAUSES OF DEATH

45

PHYSICIAN
OR CORONER

Primary	<i>Cancer of throat</i>	How long	<i>1 year</i>
Immediate	<i>Exhaustion</i>	How long	<i>18 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>Chas. D. Corze</i>	
		Address <i>Gardenville</i>	
		<i>Balto Co Ind</i>	
Accident or Suicide?			

Baltimore Cemetery

George Grammer -

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

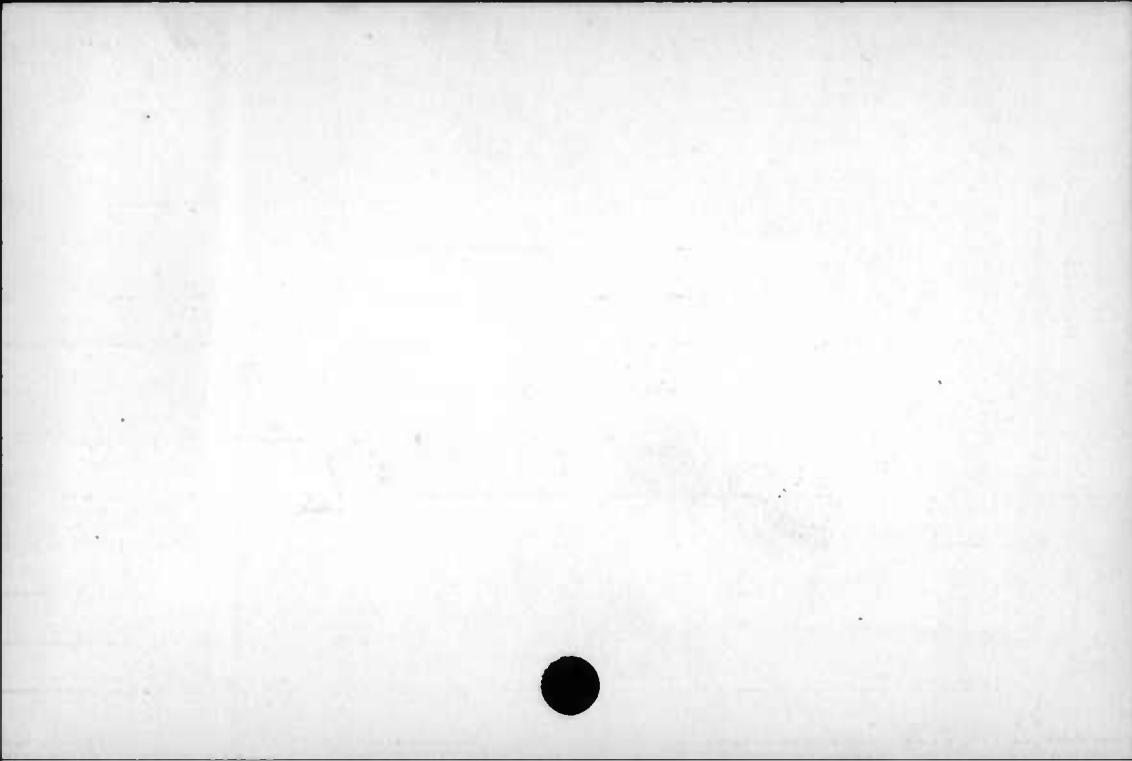
Died at <i>Baltimore</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month <i>May</i>	Day <i>4</i>	Age <i>26</i>	Months Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		
Occupation <i>None</i>			Where Residing if not at place of death <i>St. Agnes' Hospital</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>Single</i>				
Father's Name <i>Thos. Griffin</i>	Father's Birthplace <i>Ireland</i>			Mother's Birthplace <i>"</i>	
Mother's Maiden Name <i>Sarah Cunningham</i>	How related to deceased <i>Sister</i>				
Name of person giving information <i>Mary Ellen Griffin</i>					

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Endocarditis</i>	How long <i>1 year</i>
Immediate <i>Heart failure</i>	How long <i>3 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. J. Sandrock M.D.</i>
	Address <i>St. Agnes' Hospital</i>
Accident or Suicide? <i>No</i>	



Fredrick Grooms

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *South* ^{Town} *Towson**Baltimore* ^{County}Date of death *1908 May*Day *19*Age *72*Months *"*Days *"*Sex *Male*Color or Race *white*Birth-place *England*Occupation *Gardner*Where Residing if not at place of death *South Towson*Married, Single or Widowed *Widower*Name of Wife or Husband *Sarah Grooms*Father's Name *George Grooms*Father's Birthplace *England*Mother's Maiden Name *Sarah Allen*Mother's Birthplace *England*Name of person giving information *Mrs Geo. Marley*How related to deceased *Daughter*

CAUSES OF DEATH

*179*Primary *General debility*How long *4 Mo.*Immediate *Coronary Arteriosclerosis*How long *24 hrs.*Are the name, age, sex, color, date and place correctly given above? *yes*Signature of Physician *J. Gaylen Greenwell*Address *Towson Md.*Accident or Suicide?

John Burns Sons
Towson
Interment in
Grove Presbyterian
Cemetery

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

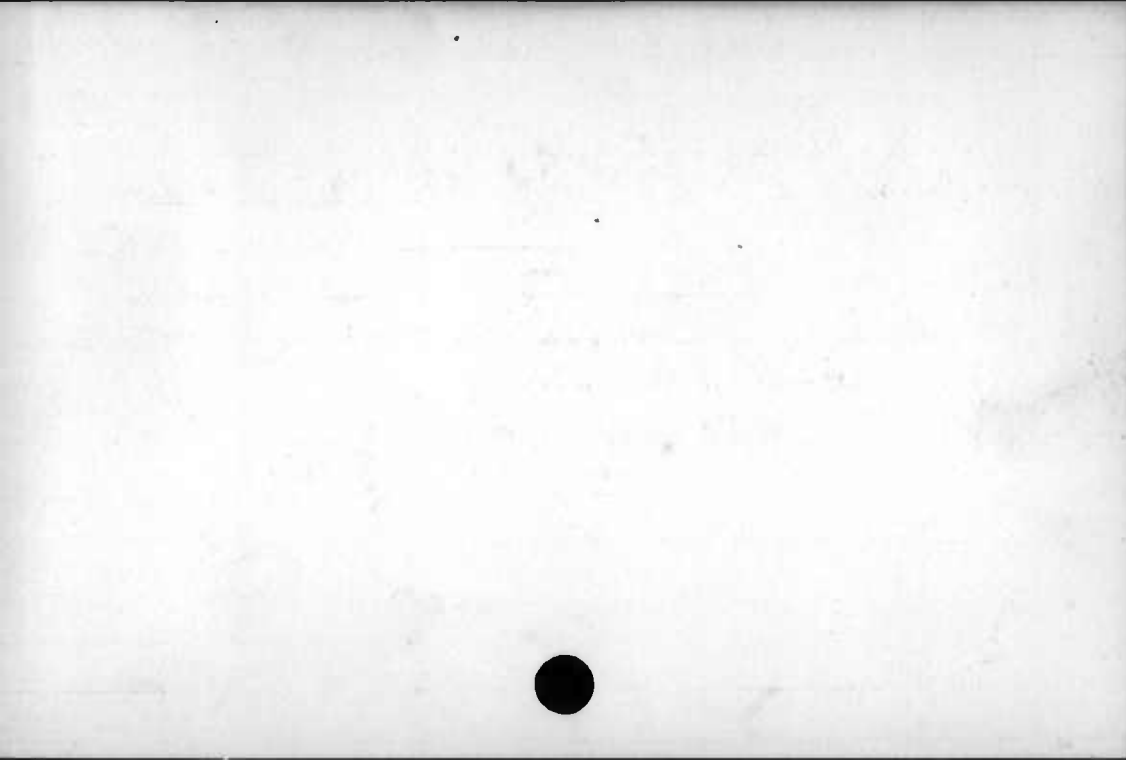
Died at <i>Fort</i> Town		County <i>Balto</i>			
Date of death <i>1908</i>	Month <i>May</i>	Day <i>15</i>	Age <i>1</i>	Years <i>1</i>	Months <i>9</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>a a Co Ind</i>		
Occupation <i>✓</i>			Where Residing if not at place of death <i>Fort Ind</i>		
Married, Single or Widowed <i>✓</i>			Name of Wife or Husband <i>✓</i>		
Father's Name <i>John Angen Gruber</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Mary E. Gruber</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>John Angen Gruber</i>			How related to deceased <i>Father</i>		

CAUSES OF DEATH

167

PHYSICIAN
OR CORONER

Primary <i>accident scalded</i>	How long <i>2 wks</i>
Immediate <i>heart failure + shock</i>	How long <i>4 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. F. H. Gruber</i>
	Address <i>Fort</i>
Accident or Suicide? <i>Ind</i>	



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Catonsville</i>		Town <i>Catonsville</i>		County <i>Baltimore</i>	
Date of death <i>1908</i>	Month <i>May</i>	Day <i>5th</i>	Age <i>69</i>	Years <i>8</i>	Months <i>8</i>
Sex <i>F</i>	Color or Race <i>White</i>		Birth-place <i>Dublin Ireland</i>		
Occupation <i>Housewife</i>	Where Residing if not at place of death <i>-</i>				
Married, Single or Widowed <i>Widow</i>	Name of Wife or Husband <i>Dr. Richard Gundry</i>				
Father's Name <i>Augustus Fitz Harris</i>	Father's Birthplace <i>Ireland</i>				
Mother's Maiden Name <i>Mary Martha Fitz Harris</i>	Mother's Birthplace <i>Ireland</i>				
Name of person giving information <i>Alfred S. Gundry</i>	How related to deceased <i>Son</i>				

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

Primary <i>Intestinal obstruction</i>	How long <i>3 days</i>
Immediate <i>Expulsion</i>	How long <i>-</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Alfred S. Gundry</i>
	Address <i>1401 Catonsville Rd</i>
Accident or Suicide? <i>No</i>	

To Louisa Park
E. M. Mitchell

Name
in
Full

Elizabeth H. Hammond

CERTIFICATE OF DEATH

Died at ^{Town} Glyndon^{County} Baltimore

MARYLAND

Date
of death 1908^{Month} May^{Day} 19^{Years} Age 92^{Months}^{Days} 15

Sex

F

Color or
Race

W

Birth-
place

Baltimore Md

Occupation

None

Where Residing if not
at place of death~~Married, Single~~
or WidowedName of Wife or
Husband

Milton Hammond

Father's
Name

Ebenezer Hubbard

Father's
Birthplace

Eng.

Mother's
Maiden Name

Sarah Broom

Mother's
Birthplace

"

Name of person giving
information

Wm E. Hammond

How related
to deceased

Son

CAUSES OF DEATH

93

Primary

Pneumonia

How long

1 week

Immediate

Exhaustion

How long

1 day

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

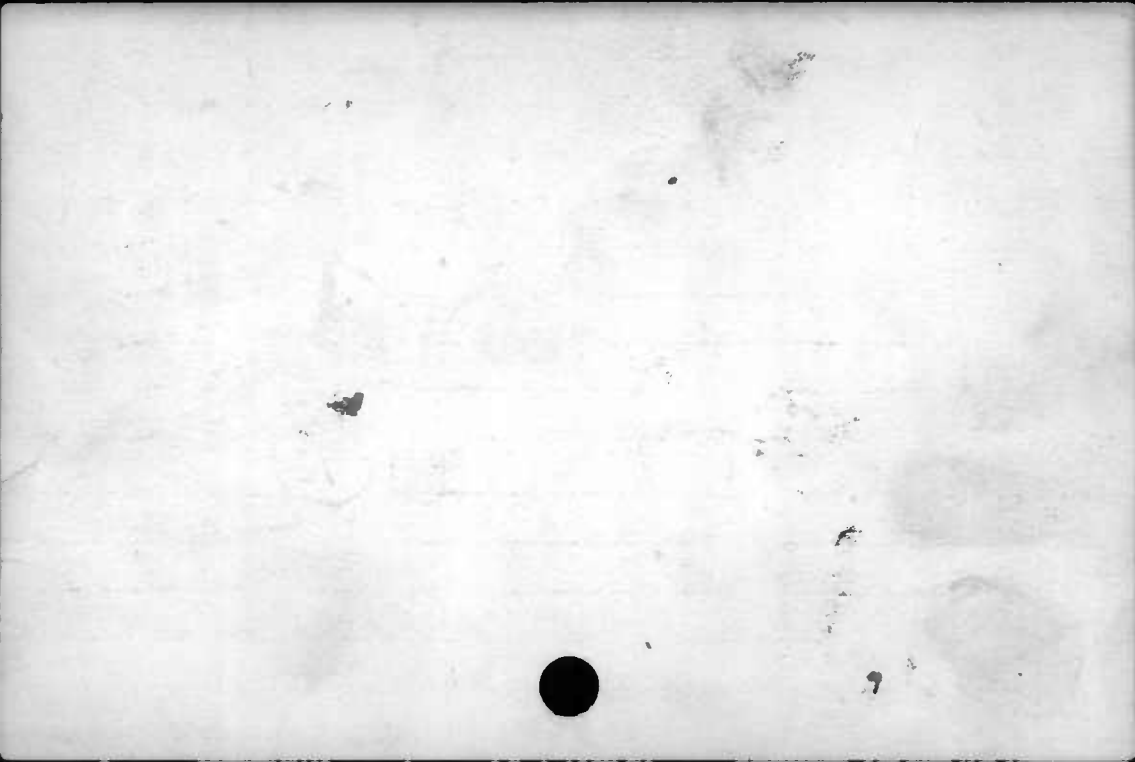
Franklin H. Calk.

Address

Reisterstown Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Lawrence A Harris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

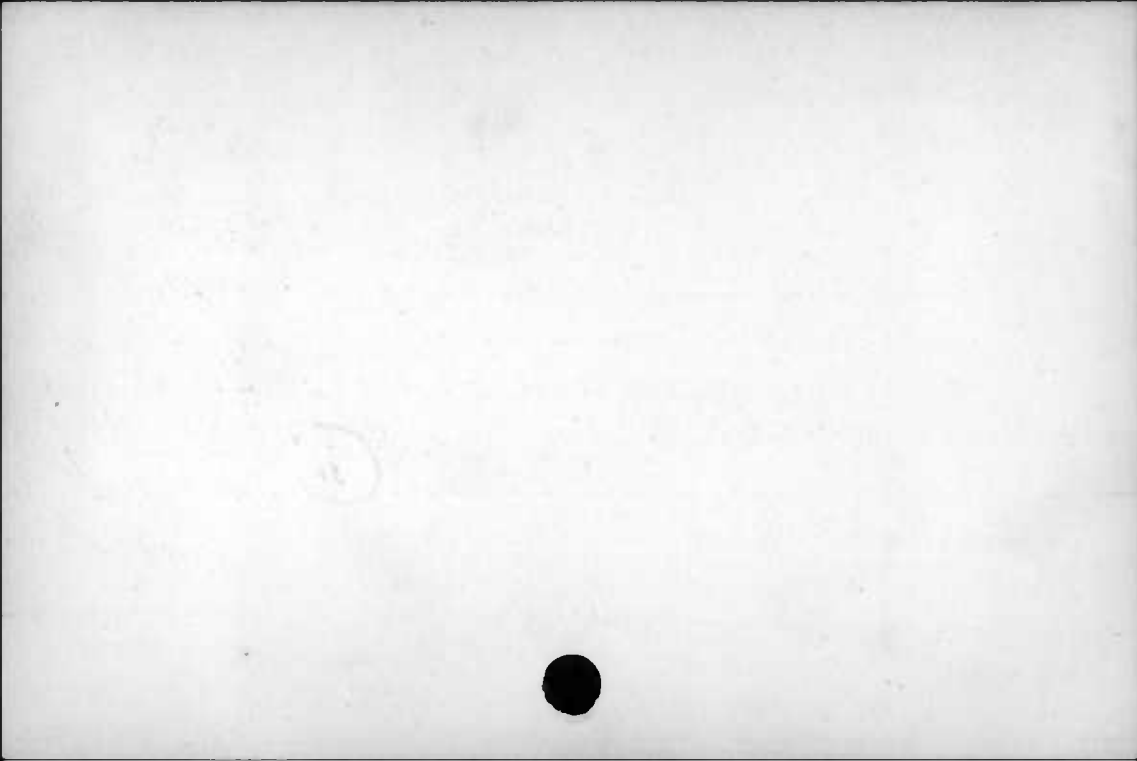
Died at <i>Sharni</i> Town		<i>Baltimore</i> County			
Date of death	<i>1908</i>	Month	<i>May</i>	Day	<i>31</i>
Age		Years	Months		Days
				<i>6</i>	
Sex	<i>male</i>	Color or Race	<i>Colored</i>		Birth-place
				<i>Maryland</i>	
Occupation		Where Residing if not at place of death			
<i>none</i>					
Married, Single or Widowed	<i>single</i>	Name of Wife or Husband			
Father's Name	<i>Lawrence Harris</i>			Father's Birthplace	<i>Maryland</i>
Mother's Maiden Name	<i>Sula Barton</i>			Mother's Birthplace	<i>Pa.</i>
Name of person giving information	<i>Sula Harris</i>			How related to deceased	<i>mother</i>

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary	<i>over feeding</i>	How long	<i>2 days</i>
Immediate	<i>Convulsions</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician*	
<i>yes</i>		<i>Wm. L. Stirling</i>	
		Address	
		<i>Sharni</i>	
		<i>md</i>	
Accident or Suicide?			



Name in Full		Samuel Heidler				CERTIFICATE OF DEATH							
TO BE ANSWERED BY NEAREST FRIEND	Died at	St Marys Ind. Sch. Balt		County		MARYLAND							
	Date of death	1908	Month	May	Day	16	Age	Years	17	Months	5	Days	11
	Sex	Male		Color or Race	White		Birth-place	Baltimore					
	Occupation	Inmate of St. Marys Ind. Sch.						Where Residing if not at place of death	School				
	Married, Single or Widowed	Single		Name of Wife or Husband	X								
	Father's Name	Jacob Heidler						Father's Birthplace	Unknown				
	Mother's Maiden Name	deceased						Mother's Birthplace	Unknown				
Name of person giving information	Asst Supt. M. V.						How related to deceased	None					
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">6</div>													
PHYSICIAN OR CORONER	Primary	Epidemic of measles resulting in Broncho Pneumonia						How long	2 months				
	Immediate	General debility resulting from Congenital Heart trouble						How long	About one week				
	Are the name, age, sex, color, date and place correctly given above?	Yes						Signature of Physician	A. H. Saxton M. V.				
	Address	432 N. Cary St.						attending Physician of School					
Accident or Suicide?		None											

F. A. Kruse & Bro
to
Cathedral Cemetery

Name
in
Full

CERTIFICATE OF DEATH

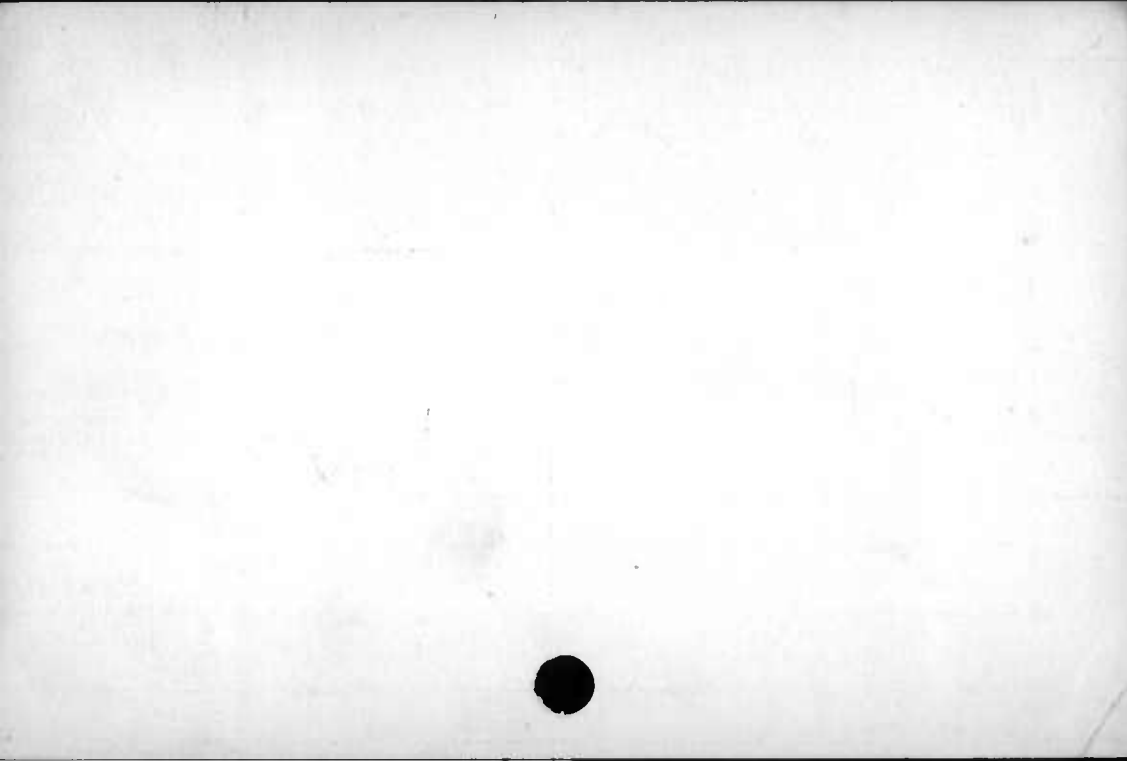
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Sparrow's Point</i> ^{Town}		<i>Buck</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month <i>5</i>	Day <i>5</i>	Age <i>1</i>	Years <i>1</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Md.</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Wm. H. Hikes</i>		Father's Birthplace <i>Penn.</i>			
Mother's Maiden Name <i>Emma Hikes</i>		Mother's Birthplace <i>"</i>			
Name of person giving information <i>H. Woodward Md.</i>		How related to deceased <i>None</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Measles</i>	How long <i>3 days</i>
Immediate <i>Pneumonia</i>	How long <i>" "</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. Woodward Md.</i>
	Address <i>Sparrow's Point Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

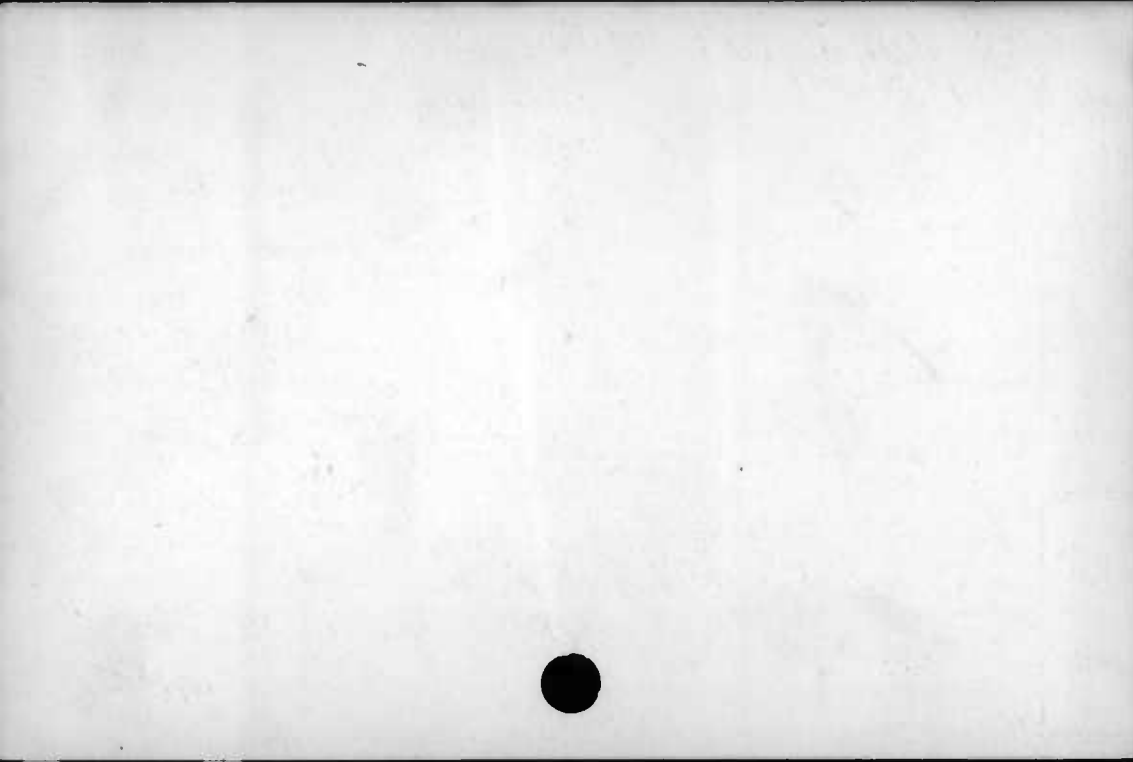
TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Standard Oil Co. Canton</i> ^{Town}		<i>Balto</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month <i>May</i>	Day <i>25</i>	Age <i>20</i>	Years <i>20</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Christianson Norway</i>		
Occupation <i>Fireman</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband				
Father's Name <i>Don't know</i>	Father's Birthplace <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>Don't know</i>	How related to deceased <i>164</i>				
Name of person giving information					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Fracture of Skull by falling</i>		How long	<i>—</i>
Immediate	<i>down into hole S.S. Augusta</i>		How long	<i>—</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>H. S. Judkins M.D.</i>		
		Address <i>3426 E. Balto St.</i>		
Accident or <i>Accident</i>				



Name
in
Full

Bertha Helcher

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

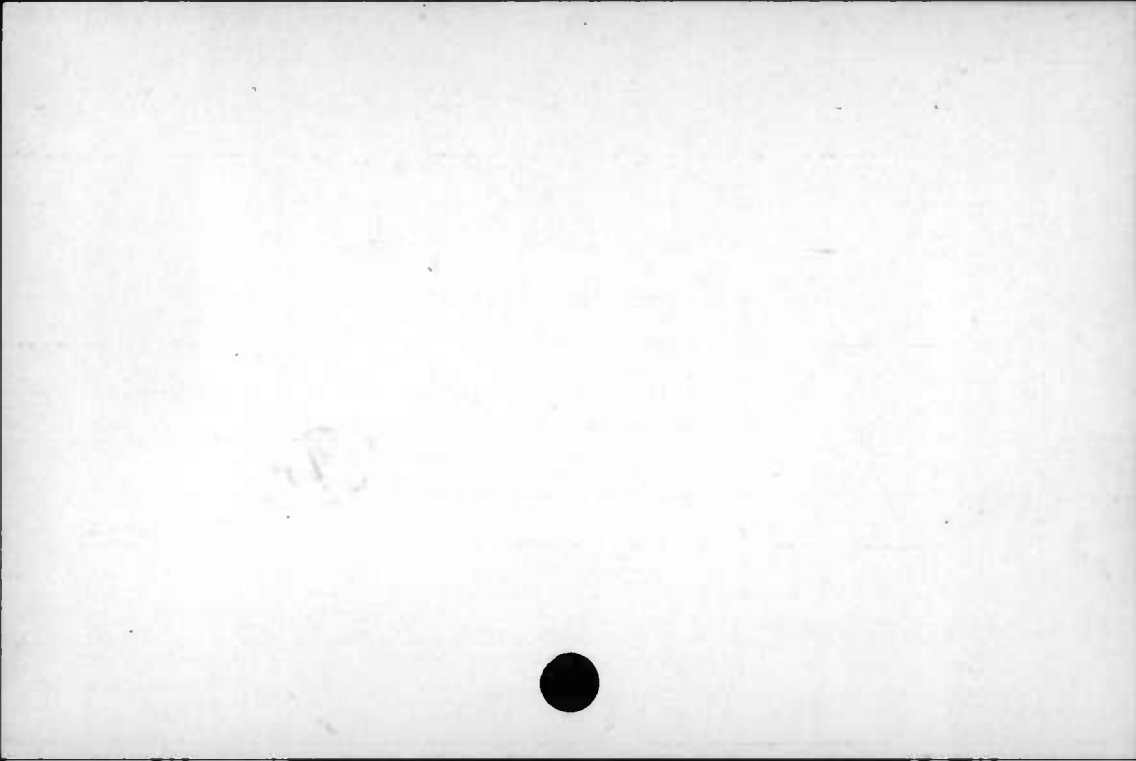
Died at <i>Mt Hope Reformatory</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1908</i>		Month <i>Aug</i>	Day <i>7th</i>	Years <i>25</i>	Months <i>not known</i>	Days <i>not known</i>	
Sex <i>Female</i>		Color or Race <i>White</i>		Birthplace <i>New York -</i>			
Occupation <i>none</i>				Where Residing if not at place of death <i>New York -</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
Father's Name <i>not known</i>				Father's Birthplace <i>not known</i>			
Mother's Maiden Name <i>" "</i>				Mother's Birthplace <i>" "</i>			
Name of person giving information <i>Reed Mt Hope Reformatory</i>				How related to deceased <i>Not at all</i>			

CAUSES OF DEATH

69

PHYSICIAN
OR CORONER

Primary <i>Mania Epileptic</i>	How long <i>over 8 years</i>
Immediate <i>Ex. Status Epilepticus</i>	How long <i>abt 10 days -</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank J. Flannery</i>
	Address <i>Mt Hope Reformatory</i>
	<i>Md.</i>
Accident or Suicide? <i></i>	



Name
in
Full

Laurence L. Hofstetter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Highlandtown		^{County} Baltimore		MARYLAND	
Date of death	1908	Month	May	Day	2
		Age	1	Years	2
Sex	Male	Color or Race	White	Birth-place	Baltimore
Occupation			Where Residing if not at place of death		
Married, Single or Widowed	Single	Name of Wife or Husband			
Father's Name	Laurence Hofstetter			Father's Birthplace	Baltimore
Mother's Maiden Name	Mary M. Forrester			Mother's Birthplace	"
Name of person giving information	Mother			How related to deceased	Mother

CAUSES OF DEATH

9

PHYSICIAN
OR CORONER

Primary	Pneumonia (Bronchis)	How long	8 days
Immediate	Diphtheria & Exhaustion	How long	one day
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		Adolph C. Birnberg M.D.	
Address		2213 Orleans St	
Accident or Suicide?			

Baltimore Cemetery
May 4, 1908

Zirkler & Zirkler

1739 E. Eager st

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

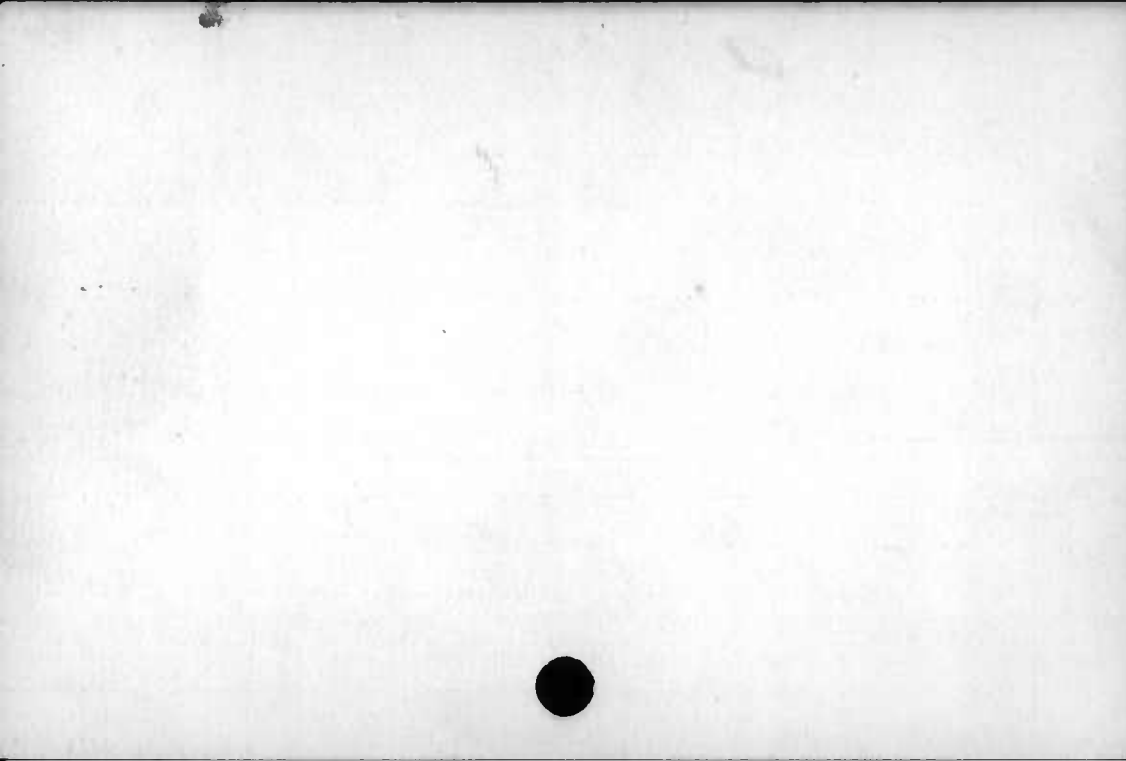
Name in Full Belinda Hughes		Town Hereford		County Baltimore		State MARYLAND	
Died at		Date of death 1908		Age 73		Months 1	
Month May		Day 19		Years 73		Days 1	
Sex Female		Color or Race White		Birth-place Baltimore			
Occupation Unemployed		Where Residing if not at place of death					
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Galville Hughes		Father's Birthplace Prig. Md.					
Mother's Maiden Name Susan Worthington Werryman		Mother's Birthplace Phoenix					
Name of person giving information Dr. H. Howard		How related to deceased Friend					

CAUSES OF DEATH

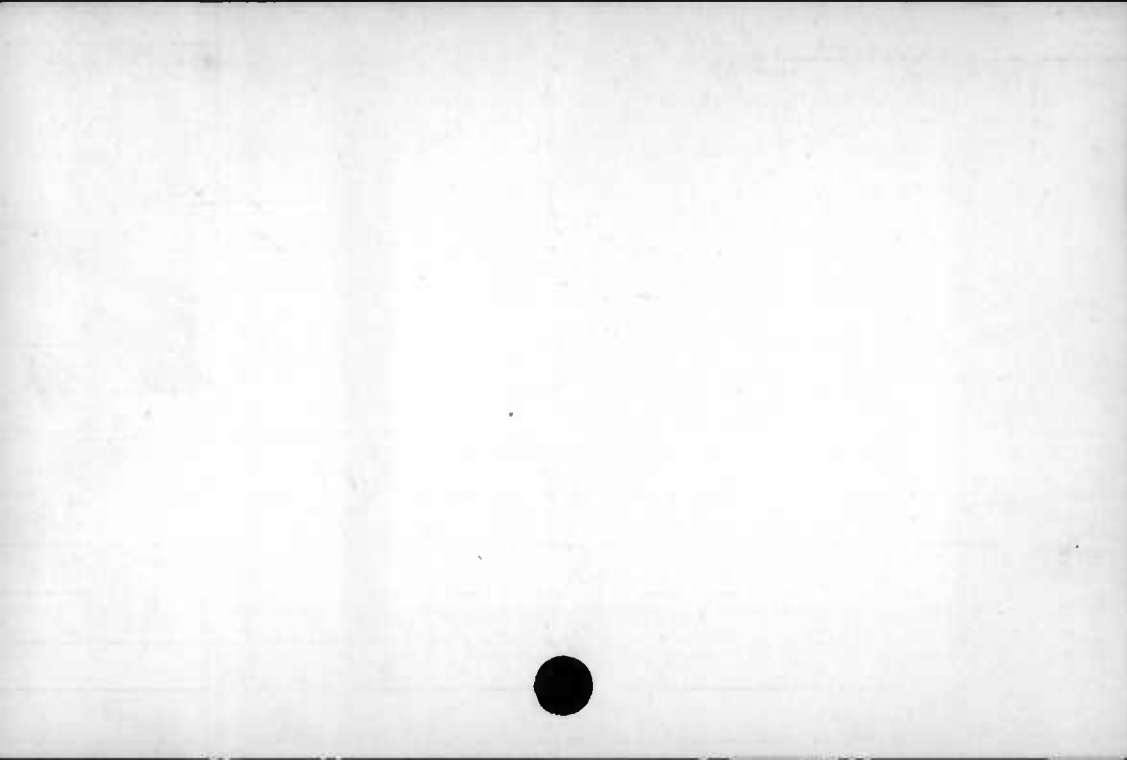
120

PHYSICIAN
OR CORONER

Primary	Uræmia	How long	30th days
Immediate	Coma	How long	24 hours
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician A. R. Mitchell	
		Address Monkton, Md.	
Accident or Suicide?			



Name in Full		Melvin Hughes				CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town	County		MARYLAND			
		Date of death		Month	Day	Age	Years	Months	Days	
		Sex		Color or Race		Birth-place				
		Occupation		Where Residing if not at place of death						
		Married, Single or Widowed		Name of Wife or Husband						
		Father's Name		Father's Birthplace						
		Mother's Maiden Name		Mother's Birthplace						
Name of person giving information		Relationship to deceased								
				CAUSES OF DEATH		172				
PHYSICIAN OR CORONER		Primary				How long				
		Immediate				How long				
		Are the name, age, sex, color, date and place correctly given above?		Signature of Physician						
				Address						
		Accident or Suicide								



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>George W. Hyle</i>		Town <i>Bockysville</i>		County <i>Baltimore</i>		State <i>MARYLAND</i>	
Died at <i>Bockysville</i>		Date of death <i>1908 May 30</i>		Age <i>5 6</i>		Months <i>2</i>	
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>Baltimore</i>		Days <i>20</i>	
Occupation <i>Laborn</i>		Where Residing if not at place of death <i>Bockysville Baltimore</i>					
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Ida Hyle</i>					
Father's Name <i>Isiah Hyle</i>		Father's Birthplace <i>Baltimore, Md</i>					
Mother's Maiden Name <i>Louisa West</i>		Mother's Birthplace <i>Baltimore, Md</i>					
Name of person giving information <i>blanche Hyle</i>		How related to deceased <i>Son</i>					

CAUSES OF DEATH

92

PHYSICIAN
OR CORONER

Primary <i>Catastrophic Pneumonia</i>	How long <i>10 days</i>
Immediate <i>Heart failure, General Exhaustion</i>	How long <i>2 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr J E Benson</i>
	Address <i>Bockysville Md</i>
Accident or Suicide?	

Funeral at Jesson
Monday ~~May 20th~~ 1870

W. L. Brooks

Name
in
Full

Amanda S. Frou

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

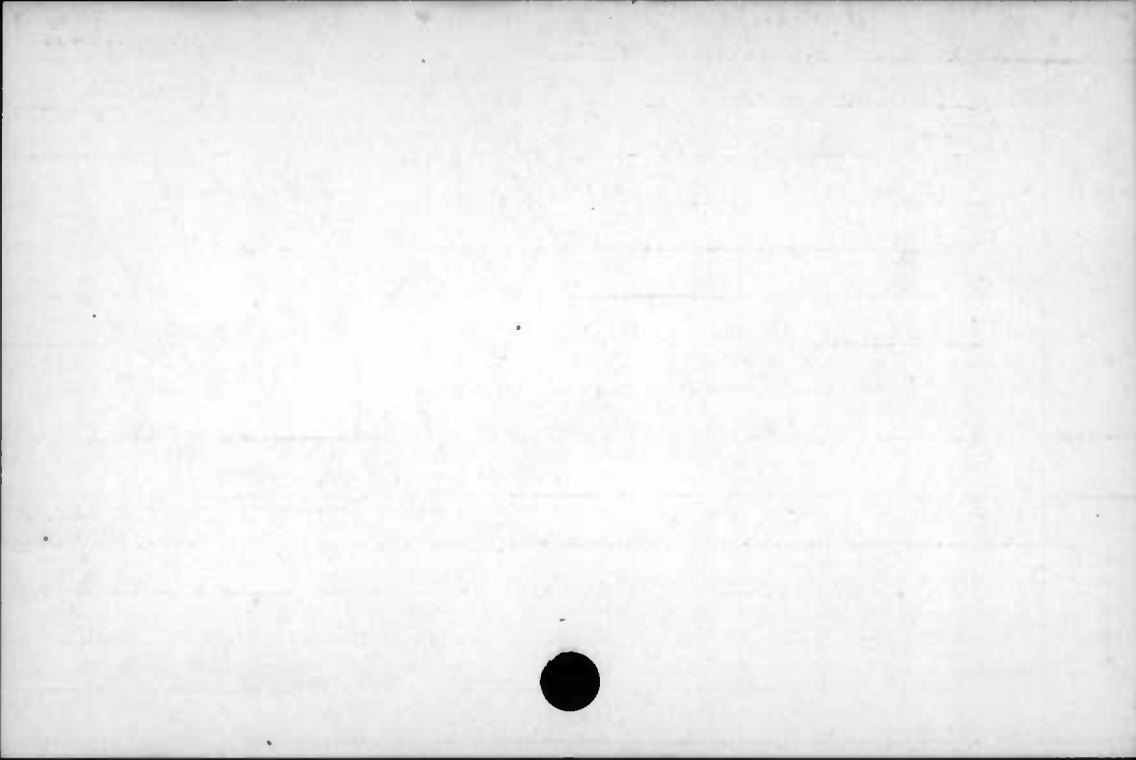
Died at <i>Mt Hope Retreat</i> ^{Town} <i>Balto</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>May</i>	Day <i>8th</i>	Years <i>31</i>
Sex <i>Female</i>		Color or Race <i>White</i>	Birth-place <i>Balto</i>
Occupation <i>none</i>		Where Residing if not at place of death <i>Baltimore</i>	
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband _____		
Father's Name <i>Not Known</i>	Father's Birthplace <i>Not Known</i>		
Mother's Maiden Name <i>"</i>	Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Reeds Mt Hope Retreat</i>	How related to deceased <i>Not at all</i>		

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <i>Mania chr. Delusional</i>	How long <i>11 or 12 yrs</i>
Immediate <i>Ex Chronic Gastritis</i>	How long <i>abt one year</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Frank J. Plannery</i>
	Address <i>Mt Hope Retreat</i>
Accident or Suicide? _____	



Name
in
Full

Lyvenia Jackson

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Batonville

Town

County

Balth

MARYLAND

Date

of death 1908

Month

May

Day

17

Years

Age 49

Months

Days

Sex

Female

Color or
Race

Black

Birth-
place

Maryland

Occupation

Domestic

Where Residing if not
at place of death

Batonville Ind

Married, Single
or WidowedName of Wife or
Husband

Unknown

Father's
Name

Spencer Young

Father's
Birthplace

Maryland

Mother's
Maiden Name

Susan Bennett

Mother's
Birthplace

Maryland

Name of person giving
Information

Francis Jackson

How related
to deceased

Daughter

CAUSES OF DEATH

106

Primary

Chronic Dysphasia

How long

2 years

Immediate

General Asthenia

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

D M Stubbins M.D.,
Batonville Ind

Accident or Suicide?

Chas. Priest
/ D. O. F. Cemetery.

Name
in
Full

Howard E. Jeffrey

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Halethorpe</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>May</i>	Day <i>8</i>	Age <i>26</i>	Years <i>4</i>	Months <i>4</i>	Days <i>28</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>A. A. Co. Md.</i>			
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>Harmans, A. A. Co.</i>				
Married, Single <input checked="" type="checkbox"/> or Widowed			Name of Wife or Husband <i>none</i>				
Father's Name <i>William E. Jeffrey</i>				Father's Birthplace <i>A. A. Co. Md</i>			
Mother's Maiden Name <i>Laura V. Stewart</i>				Mother's Birthplace <i>D. C.</i>			
Name of person giving information <i>Mrs. Wm E. Jeffrey</i>				How related to deceased <i>mother</i>			

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Pulmonary tuberculosis</i>	How long <i>about 8 or 10 mos.</i>
Immediate <i>inanition</i>	How long <i>2 mos.</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. R. Eareckson</i>
	Address <i>Eek Ridge, Md</i>
Accident or Suicide? <input checked="" type="checkbox"/>	

Tickner

Barmon station

A. A. G.

Name
in
Full

Fredrick Johnson

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Granite

Balto

Date

1908

Month

May

Day

7

Age

Years

—

Months

1

Days

15

Sex

male

Color or Race

Black

Birth-place

Ind

Occupation

—

Where Residing if not at place of death

Same

Married, Single or Widowed

Single

Name of Wife or Husband

Father's Name

William Johnson

Father's Birthplace

Ind

Mother's Maiden Name

Mary Coates

Mother's Birthplace

Ind

Name of person giving information

Mary Johnson

How related to deceased

mother

CAUSES OF DEATH

Primary

Pneumonia

How long

all day

Immediate

Exhaustion

How long

all day

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

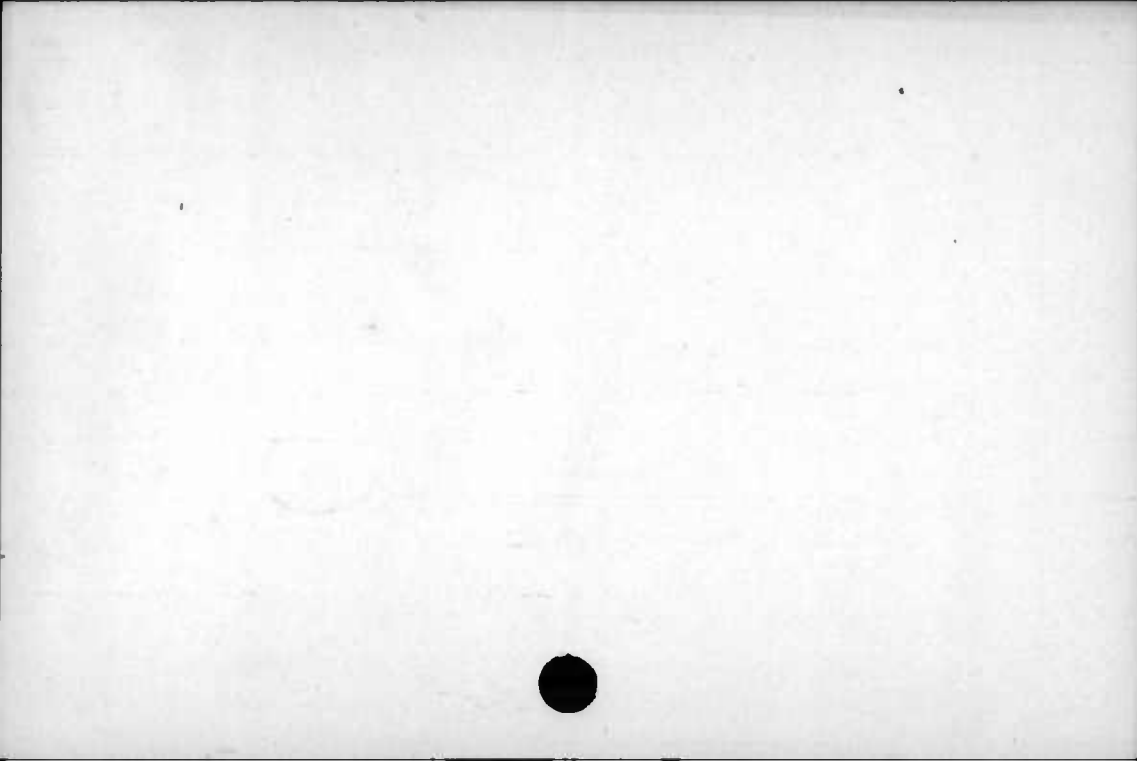
Address

H. J. [Signature]
Granite

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Canton</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND			
Date of death	<i>1908</i>	Month <i>May</i>	Day <i>5</i>	Age <i>59</i>	Years <i>1</i>	Months <i>20</i>	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Wales</i>				
Occupation <i>Retiring</i>	Where Residing if not at place of death <i>Canton</i>						
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Ellen Jones</i>						
Father's Name <i>Evon Jones</i>	Father's Birthplace <i>Wales</i>						
Mother's Maiden Name <i>Not known</i>	Mother's Birthplace <i>Wales</i>						
Name of person giving information <i>Ellen Jones</i>	How related to deceased <i>Wife</i>						

CAUSES OF DEATH

74

PHYSICIAN
OR CORONER

Primary <i>Nervous Prostration</i>	How long <i>3 months</i>
Immediate <i>Exhaustion</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>—</i>	Signature of Physician <i>David W. Jones M.D.</i>
	Address <i>3116 O'Donnell St.</i>
Accident or Suicide? <i>—</i>	

Wt. Conrad Cunt
H. Sander & Sander

May 11/08

Name in Full		Mary Ann Jones				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at	Roland Park		Baltimore		MARYLAND		
	Date of death	1908	May	Age	87	Months	11	
			Day			Days	26	
	Sex	Female		Color or Race	White		Birth-place	Pikesville Md.
	Occupation	None		Where Residing if not at place of death		Place of death.		
	Married, Single or Widowed	Widowed		Name of Wife or Husband		J. P. P. Jones		
	Father's Name	John Bailey		Father's Birthplace		Scotland		
Mother's Maiden Name	Sarah Bell		Mother's Birthplace		England			
Name of person giving information	Mrs. Sarah R. Hilsby		How related to deceased		Daughter			
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Mitral Regurgitation				How long	15 years.	
	Immediate	Died suddenly before my arrival.				How long		
	Are the name, age, sex, color, date and place correctly given above?	Yes		Signature of Physician	M. Gibson Porter			
				Address	Roland Park Md.			
	Accident or Suicide?	No						

E W Mitchell
1201 W Fayette St
to Loudan Park. Cemt.

Dr Massenberg

Name
in
Full

Hilda Kolb

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

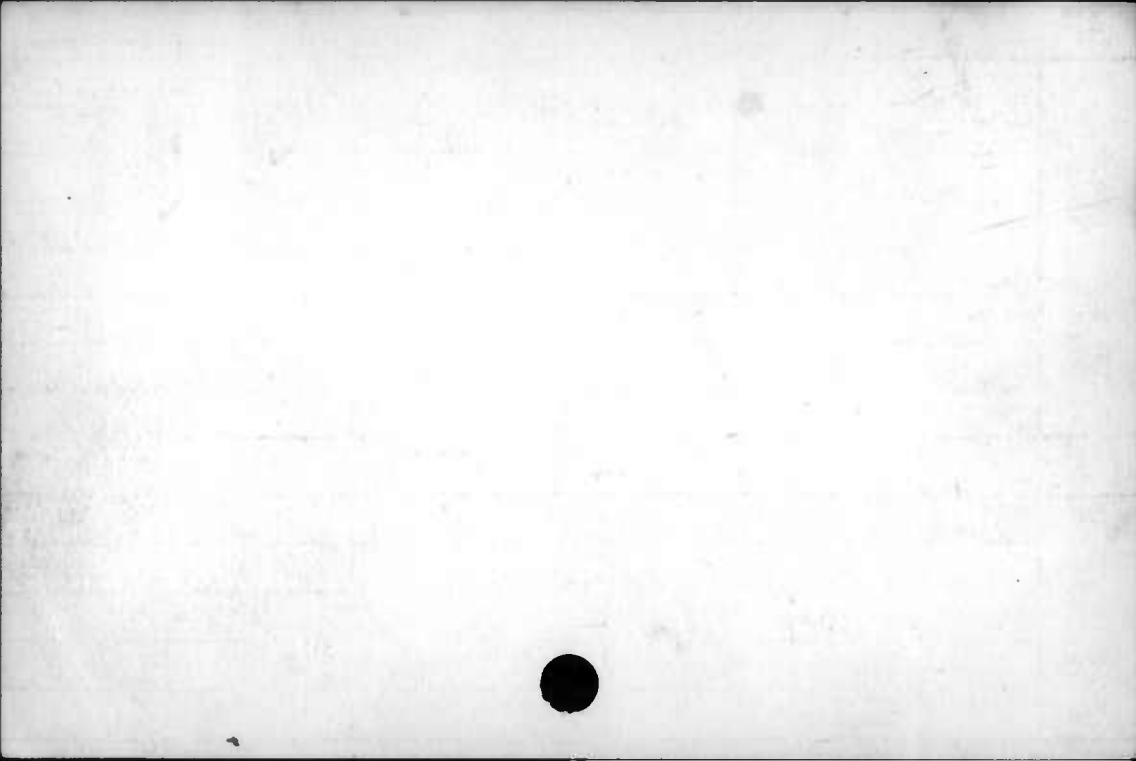
Died at <u>Catonville</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death	<u>1908</u>	Month <u>May</u>	Day <u>16</u>	Age <u>One</u> Years	Months <u>Six</u> Days
Sex <u>Girl</u>	Color or Race <u>White</u>		Birth-place <u>Baltimore</u>		
Occupation _____			Where Residing if not at place of death _____		
Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>Leonard J. Kolb</u>				
Father's Name <u>Leonard J. Kolb</u>	Father's Birthplace <u>Catonville</u>		Mother's Birthplace <u>Baltimore</u>		
Mother's Maiden Name <u>Anna Sander</u>	Name of person giving information <u>Amelia Aust</u>		How related to deceased <u>Aunt</u>		

CAUSES OF DEATH

28

PHYSICIAN
OR CORONER

Primary <u>Tubercular Meningitis</u>	How long <u>3 yrs</u>
Immediate <u>Collapsion</u>	How long <u>3 hours</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>	Signature of Physician <u>R. D. Wilson</u>
	Address <u>1735 Hollen St</u>
Accident or Suicide? _____	



Name
in
Full

CERTIFICATE OF DEATH

George Kraft

Town

County

MARYLAND

Died at Catonsville

Baltimore

Date

Month

Day

Years

Months

Days

of death 1908

May

29

Age

43

No

No

Sex

Male

Color or
Race

White

Birth-
place

Maryland

Occupation

Cabinet Maker

Where Residing if not
at place of death

Ingleside Home Catonsville

Married, Single
or Widowed

Married

Name of Wife or
Husband

Mary Kraft

Father's
Name

John C. Kraft

Father's
Birthplace

Germany

Mother's
Maiden Name

Ellen Knecht.

Mother's
Birthplace

Germany

Name of person giving
Information

Mary Kraft

How related
to deceased

Wife

CAUSES OF DEATH

45

Primary

Laryngeal Epithelioma

How long

23 months

Immediate

Exhaustion

How long

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

Whiteley
Catonsville
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Easton Sons.
London Park Cemetery.

Dr Whitby

Name
in
Full

Louis Kushner

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Londalk</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death	<u>1908</u> ^{Year}	<u>May</u> ^{Month}	<u>10</u> ^{Day}	<u>38</u> ^{Years}	<u>—</u> ^{Months}
Sex	<u>Male</u>	Color or Race	<u>White</u>	Birth-place	<u>Russia</u>
Occupation	<u>Tailor</u>		Where Residing if not at place of death <u>121 Althea Ave. St. Balt. City</u>		
Married, Single or Widowed	<u>Married</u>	Name of Wife or Husband	<u>Rosa Tocker</u>		
Father's Name	<u>David Kushner</u>			Father's Birthplace	<u>Russia</u>
Mother's Maiden Name	<u>Unknown</u>			Mother's Birthplace	<u>Unknown</u>
Name of person giving information	<u>Max Tocker</u>			How related to deceased	<u>Brother in law</u>

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	<u>Heart failure</u>	How long	<u>—</u>
Immediate	<u>Heart failure</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>David A. Thompson, Chm</u>
		Address	<u>3422 E. Balt. street - Baltimore Co Md</u>
Accident or Suicide?	<u>—</u>		

Max Levinson -
Brudway & Orleans St.

Remor -
121 Albemarle St.
City.

Name
in
Full

CERTIFICATE OF DEATH

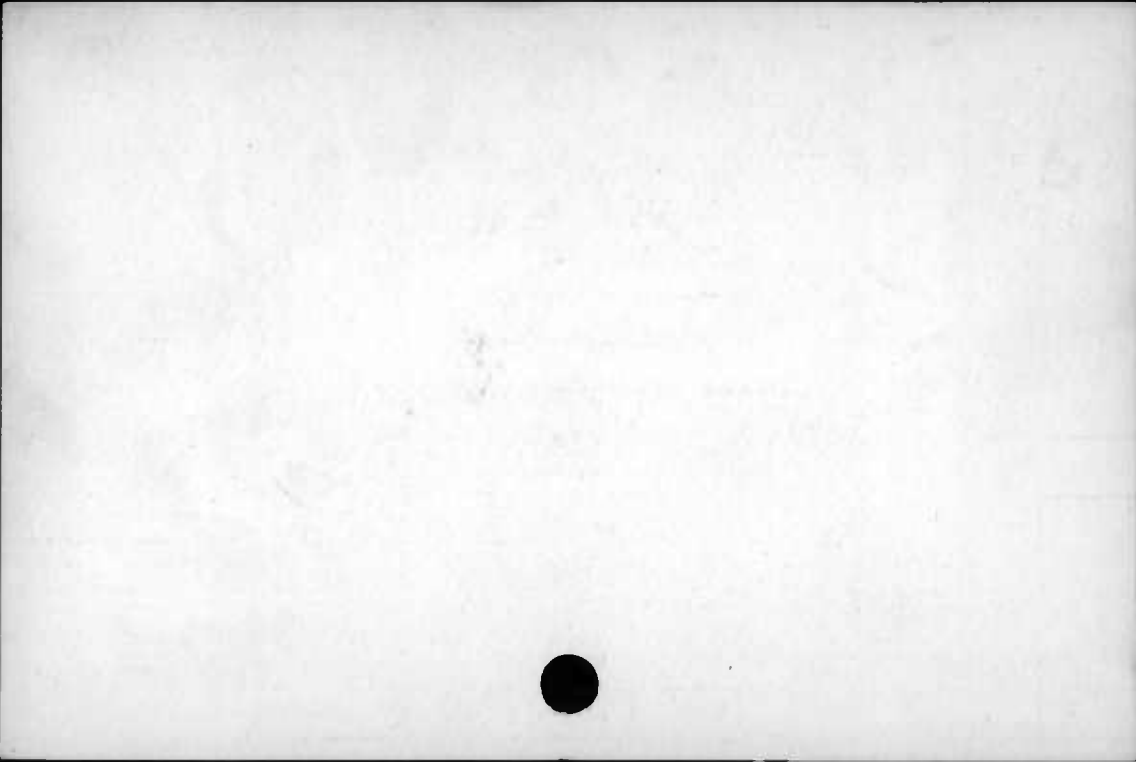
TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} *Lebanonville* ^{County} *Polk*Date of death **1908** ^{Month} *May* ^{Day} *26* ^{Years} *48* ^{Months} *0* ^{Days} *0*Sex *Male* Color or Race *White* Birth-place *Maryland*Occupation *Salesman* Where Residing if not at place of death *X*Married, Single or Widowed *Married* Name of Wife or Husband *unk.*Father's Name *William B. Lambie* Father's Birthplace *Maryland*Mother's Maiden Name *unk* Mother's Birthplace *unk -*Name of person giving information *X* How related to deceased *X*

CAUSES OF DEATH

66Primary *General Paresis* How long *3 yrs.*Immediate *& exhaustion* How long *1 mo.*Are the name, age, sex, color, date and place correctly given above? *Yes*Signature of Physician *W. Percy Wade*Address *Lebanonville, Ind.*Accident or Suicide? *No.*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

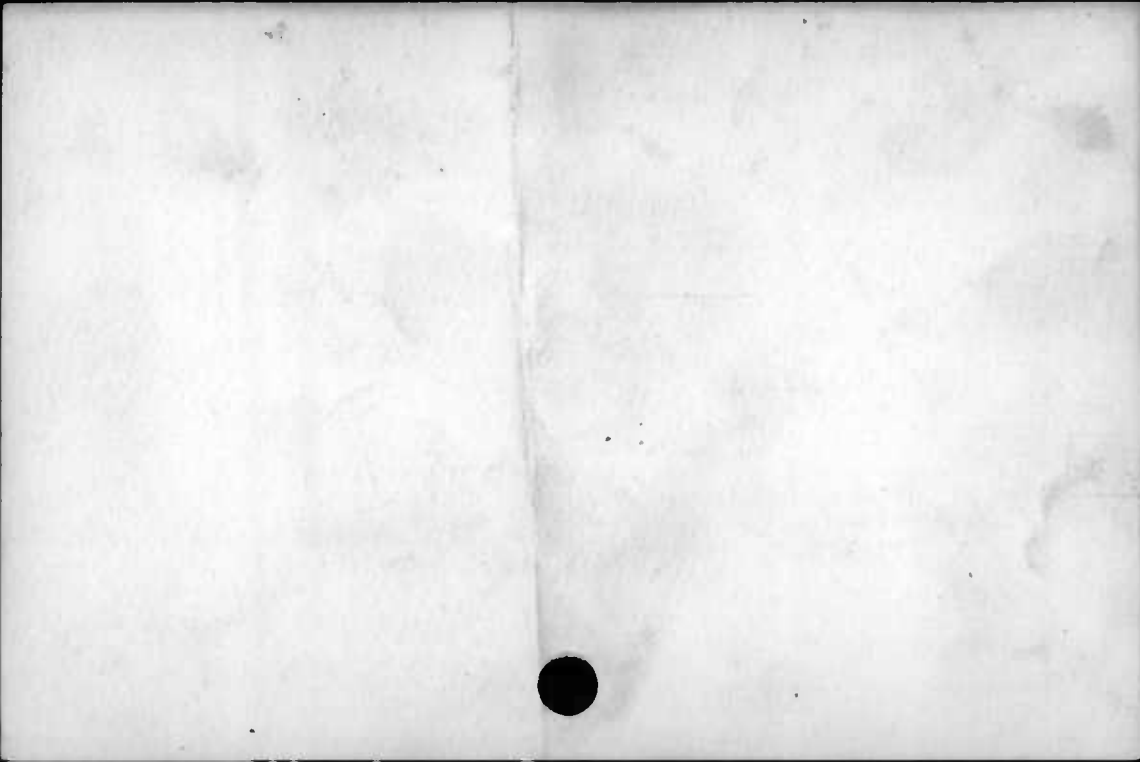
Name		James Law		Town		Beaver Dam		County		Bath		MARYLAND			
Died at		Date of death		Month		Day		Years		Age		Months		Days	
1908		May		22		Age		about		31					
Sex		male		Color or Race		white		Birth-place		Ireland					
Occupation		Laborer		Where Residing if not at place of death		Beaver Dam									
Married, Single or Widowed		Single		Name of Wife or Husband		—									
Father's Name		Richard Law		Father's Birthplace		Ireland									
Mother's Maiden Name		Mary Daly		Mother's Birthplace		Ireland									
Name of person giving information		Bernard E. Elwood		How related to deceased		Aunt									

CAUSES OF DEATH

166

PHYSICIAN
OR CORONER

Primary		Fracture of skull (from injury) long	
Immediate		Probably about 4 or 5 hours before death	
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		B. T. Bursley M. D.	
Address		Telford Ind	
Accident or Suicide?			



Name
in
Full

Matilda Ann Senty

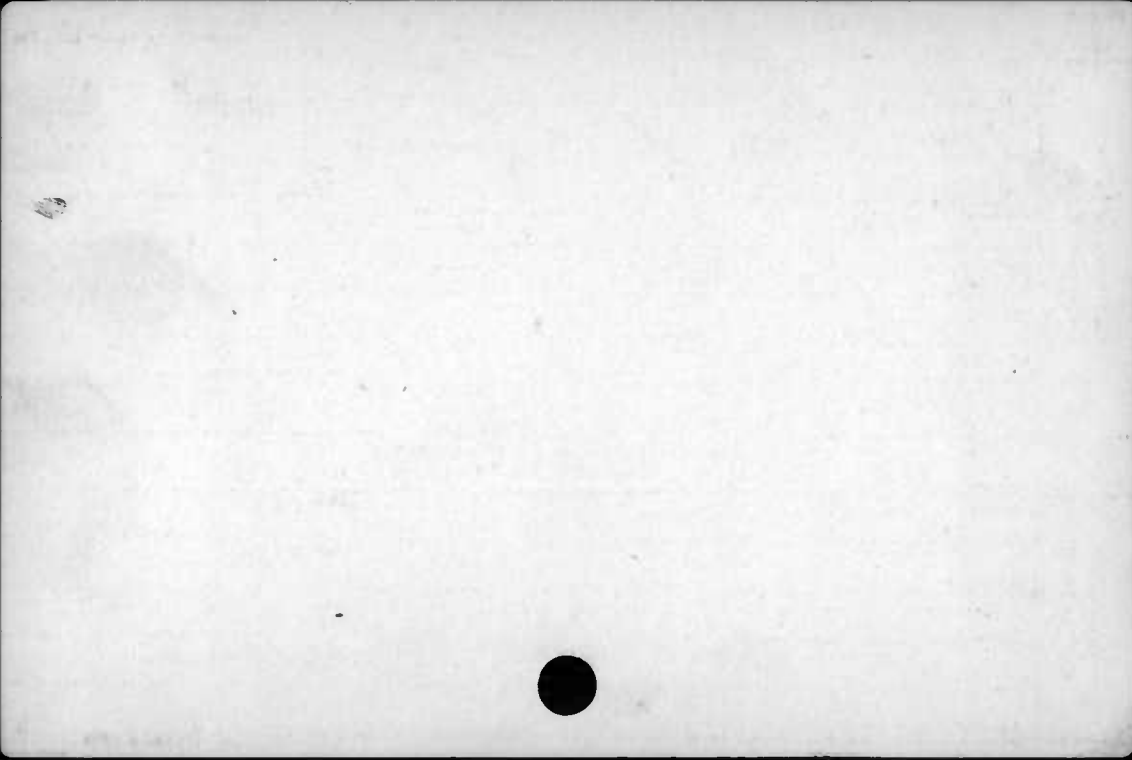
CERTIFICATE OF DEATH

Died at		Town New Market		County Baltimore		MARYLAND	
Date of death		190	Month May	Day 23	Age 6-4	Months 5	Days 7
Sex Female		Color or Race White		Birth- place Maryland			
Occupation Housewife		Where Residing if not at place of death					
Married, Single or Widowed		Married		Name of Wife or Husband		Reuben Senty	
Father's Name		Joshua Hunt		Father's Birthplace		Md	
Mother's Maiden Name		Rachel Keys		Mother's Birthplace		Md	
Name of person giving Information		Rachel Hunt		How related to deceased		Mother	

CAUSES OF DEATH

40

PHYSICIAN OR CORONER	Primary	7 Cancer of Liver	How long	7 Six months
	Immediate		How long	
	Are the name, age, sex, color, date and place correctly given above?		yes	
	Signature of Physician		W. Millard Stirling	
		Address		Shane
				Md
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

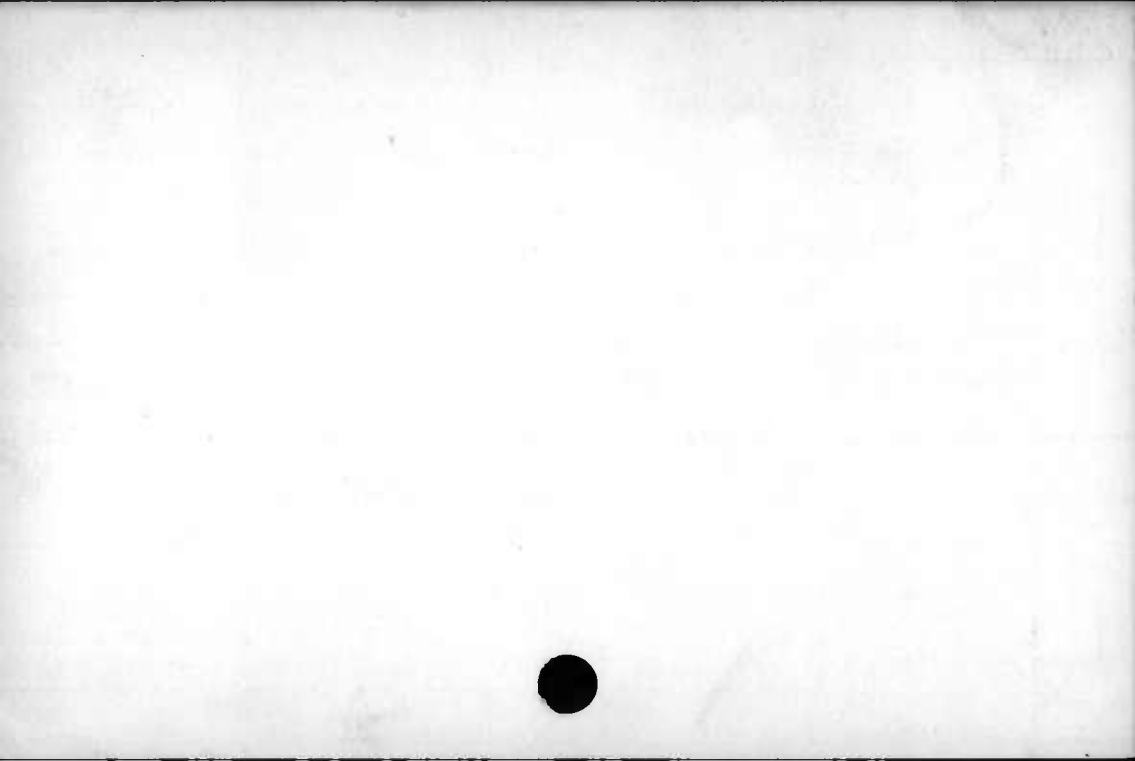
Died at <i>Boring</i> Town		County <i>Beth</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>3</i>	Day <i>24</i>	Age <i>59</i>	Months <i>5</i>	Days <i>16</i>
Sex <i>male</i>	Color or Race <i>white</i>	Birthplace <i>Ind</i>			
Occupation <i>Carpenter</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>married</i>	Name of Wife or Husband <i>Blanche I Allman</i>				
Father's Name <i>Jacob Luf</i>	Father's Birthplace <i>Ind</i>				
Mother's Maiden Name <i>Uriah M. Gill</i>	Mother's Birthplace <i>Ind</i>				
Name of person giving information <i>Blanche Luf</i>	How related to deceased <i>wife</i>				

CAUSES OF DEATH

18

PHYSICIAN
OR CORONER

Primary <i>Erysipelas</i>	How long
Immediate <i>Erysipelas</i>	How long <i>10 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician
<i>Jas H Wilson</i>	Address <i>Fowlesbury Ind</i>
Accident or Suicide?	



Name
in
Full

Emma McHugh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *McHope Retreat* Town*Baltimore* CountyDate of death *1908* Month *May* Day *31st*Age *60* YearsMonths *unknown* Days *unknown*Sex *Female*Color or Race *White*Birth-place *Tena*Occupation *Housework*Where Residing if not at place of death *Albion Pa.*Married, Single or Widowed *Single*

Name of Wife or Husband

Father's Name *unknown*Father's Birthplace *unknown*Mother's Maiden Name *"*Mother's Birthplace *"*Name of person giving information *Recd. Mt Hope*How related to deceased *not at all -*

CAUSES OF DEATH

*(68)*PHYSICIAN
OR CORONERPrimary *Melancholia Agitata*How long *abt 7 mos -*Immediate *Ex Anuloxaemia*

How long

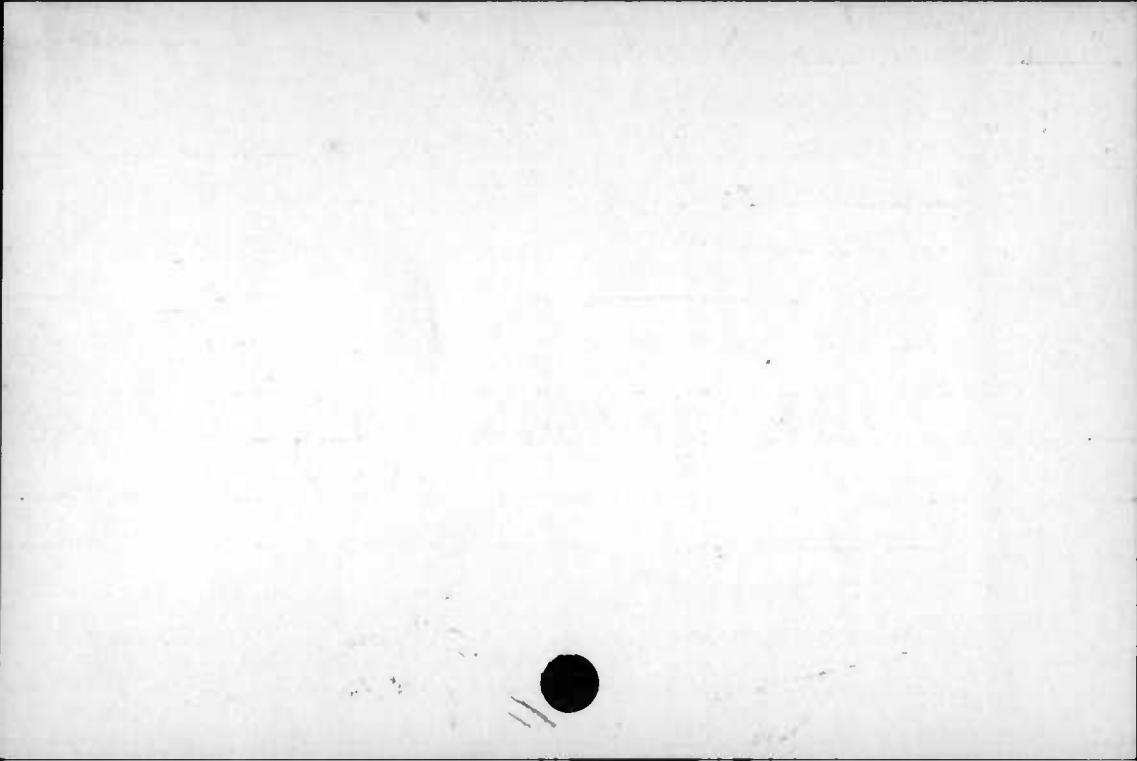
Are the name, age, sex, color, date and place correctly given above? *yes -*

Signature of Physician

Address

*Frank J. Flannery M.D.**McHope Retreat**McHope Md.*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Elmer S. Matthews

Town

County

MARYLAND

Died at

Catonsville

Baltimore

Date

Month

Day

Years

Months

Days

of death 190

May

14

Age

59

Sex

Female

Color or
Race

White

Birth-
place

Virginia

Occupation

None

Where Residing if not
at place of death

Md. Hosp. for Insane

Married, Single
or Widowed

Single

Name of Wife or
Husband

X

Father's
Name

Unknown

Father's
Birthplace

Unk.

Mother's
Maiden Name

"

Mother's
Birthplace

"

Name of person giving
In formation

Hospital Records

How related
to deceased

CAUSES OF DEATH

92

Primary

Pneumonia (Broncho.)

How long

10 days.

Immediate

Exhaustion

How long

2 days.

Are the name, age, sex, color, date
and place correctly given above?

Yes.

Signature of
Physician

R. Edw. Garrett

Address

Md. Hosp. for Insane
Catonsville Md

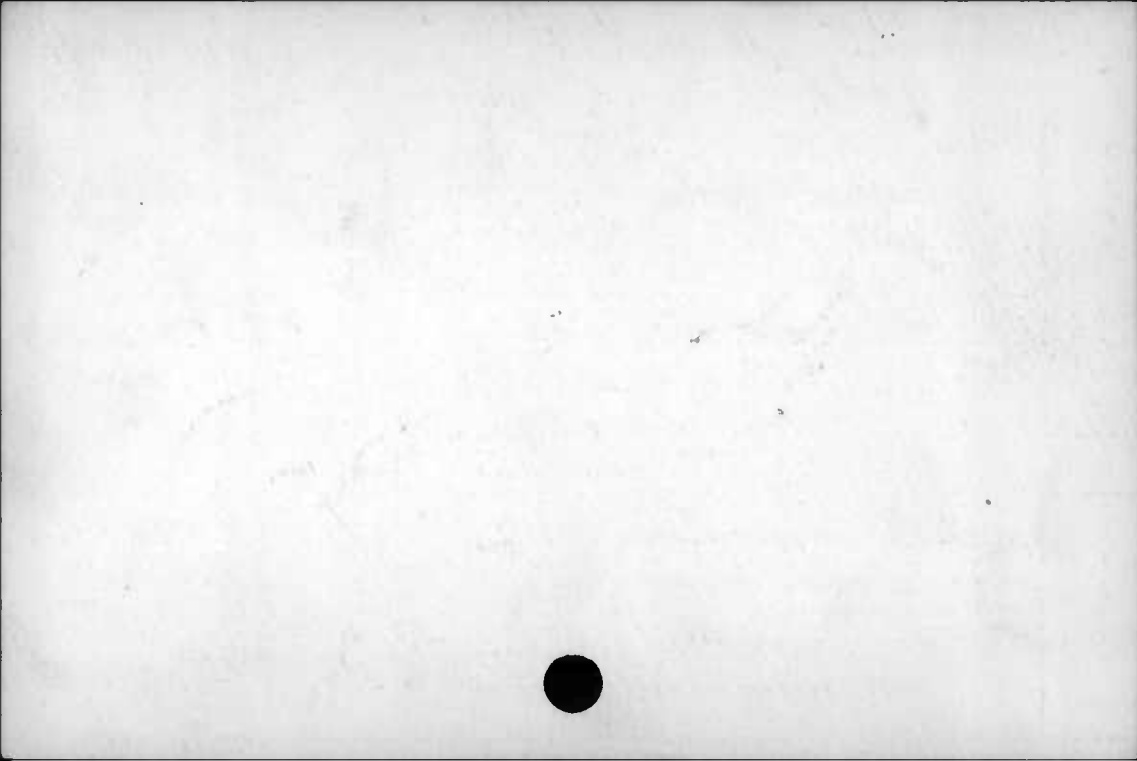
Accident or Suicide?

No.

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full		Elisha In Mayes				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at		Town Hamilton		County Balto		MARYLAND
	Date of death		1908	Month 5	Day 19	Age 59	Months Days
	Sex		Male		Color or Race White		Birth-place Balto Co
	Occupation		Retired Farmer		Where Residing if not at place of death Hamilton		
	Married, Single or Widowed		Name of Wife or Husband Georganna Mayes				
	Father's Name		Jeremiah Mayes				Father's Birthplace Balto Co
	Mother's Maiden Name		Ellen Green				Mother's Birthplace Balto Co
	Name of person giving information		Georganna Mayes				How related to deceased Wife
CAUSES OF DEATH							(64)
PHYSICIAN OR CORONER	Primary		Organic Heart Disease			How long Don't know	
	Immediate		Apoplexy			How long 3 days	
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician Georganna Mayes		
					Address Hamilton Md		
	Accident or Suicide?		No				



Name in Full		Certificate of Death			
Minnie Mento		MARYLAND			
Died at		Town		County	
Westport		Baltimore			
Date of death		Month	Day	Years	Months
1908		May	8	8	17
Sex		Color or Race		Birth-place	
female		white		Southcharne	
Occupation		Where Residing if not at place of death			
none		Westport P.A.			
Married, Single or Widowed		Name of Wife or Husband			
Single		Child			
Father's Name		Father's Birthplace			
William Mento		O Swoy d.k.g.			
Mother's Maiden Name		Mother's Birthplace			
Lizzie Clark		Masstown			
Name of person giving information		How related to deceased			
William Mento		Father			
CAUSES OF DEATH					
Primary		How long			
Entitis		6 weeks			
Immediate		How long			
Convulsions		7 hours			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
yes		Address			
		R. A. Glau			
		Mt Wmians			
Accident or Suicide?					

William B Crothers

Bonnie Brae.

Name
in
Full

Herman Mitchering

CERTIFICATE OF DEATH

Died at ^{Town} Gardenville^{County} Baltimore County

MARYLAND

Date of death 1908 May 12

Age 66

Months — Days —

Sex male

Color or Race white

Birth-place Germany

Occupation

Where Residing if not at place of death 902 1/2 Central Ave.

Married, Single or Widowed

Name of Wife or Husband Pauline Mitchering

Father's Name Frederick Mitchering

Father's Birthplace Germany

Mother's Maiden Name not known

Mother's Birthplace Germany

Name of person giving information Pauline Mitchering

How related to deceased 2

CAUSES OF DEATH

157

Primary

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician J. Harmon Schone, Coroner

Address Gardenville Baltimore County

Accident or Suicide? By Suicide by Hanging

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Baltimore ~~Leinster~~

Robt Turner

Secretary

Name
in
Full

William Moore

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

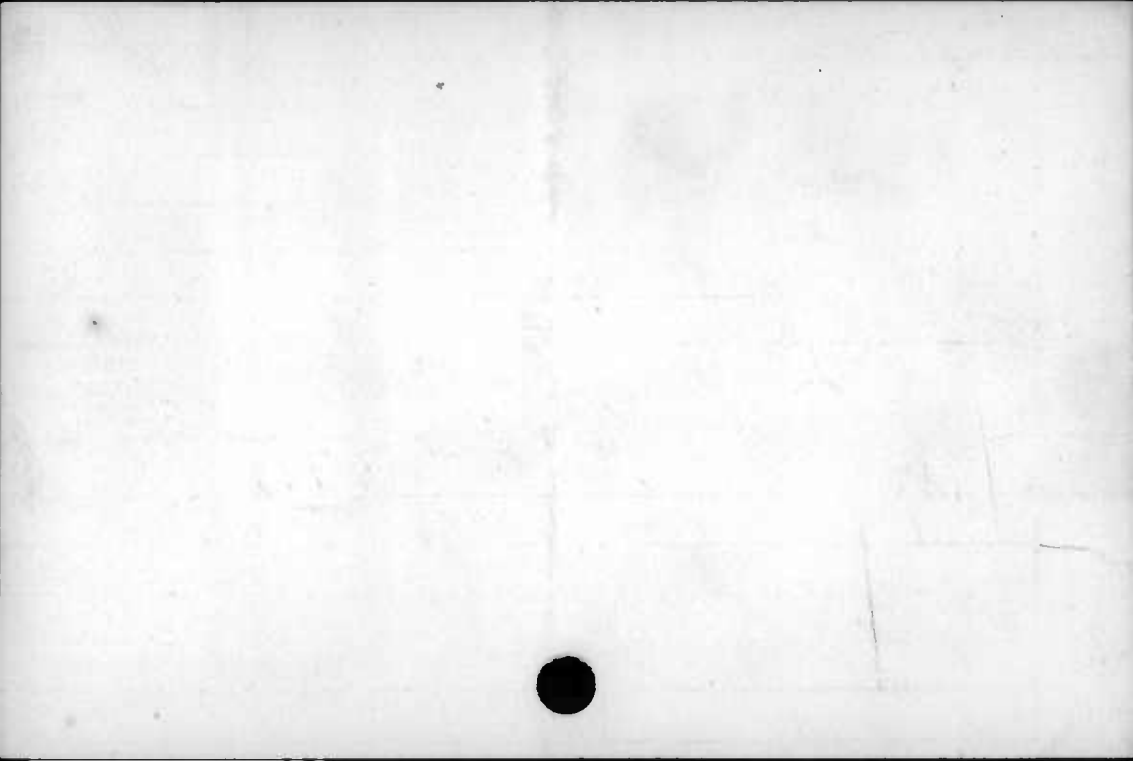
Died at <i>Boplar Heights</i> Town		<i>Balts.</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>5</i>	Day <i>10</i>	Age <i>32</i> Years	Months <i>7</i>	Days <i>3</i>
Sex <i>Male</i>	Color or Race <i>Colored</i>		Birth-place <i>Va.</i>		
Occupation <i>Farm Laborer</i>	Where Residing if not at place of death <i>Boplar Heights</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mary Moore</i>				
Father's Name <i>Unknown</i>	Father's Birthplace <i>Unknown</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace <i>N. C.</i>				
Name of person giving information <i>Edward Russell</i>	How related to deceased <i>None</i>				

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary <i>Mitral Regurgitation</i>	How long <i>years</i>
Immediate <i>General anasarca</i>	How long <i>4 weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. F. A. Glantz</i>
	Address <i>41 Eastern Ave. N.Y.</i>
Accident or Suicide?	



Name
in
Full

Edgar Paul Morris

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

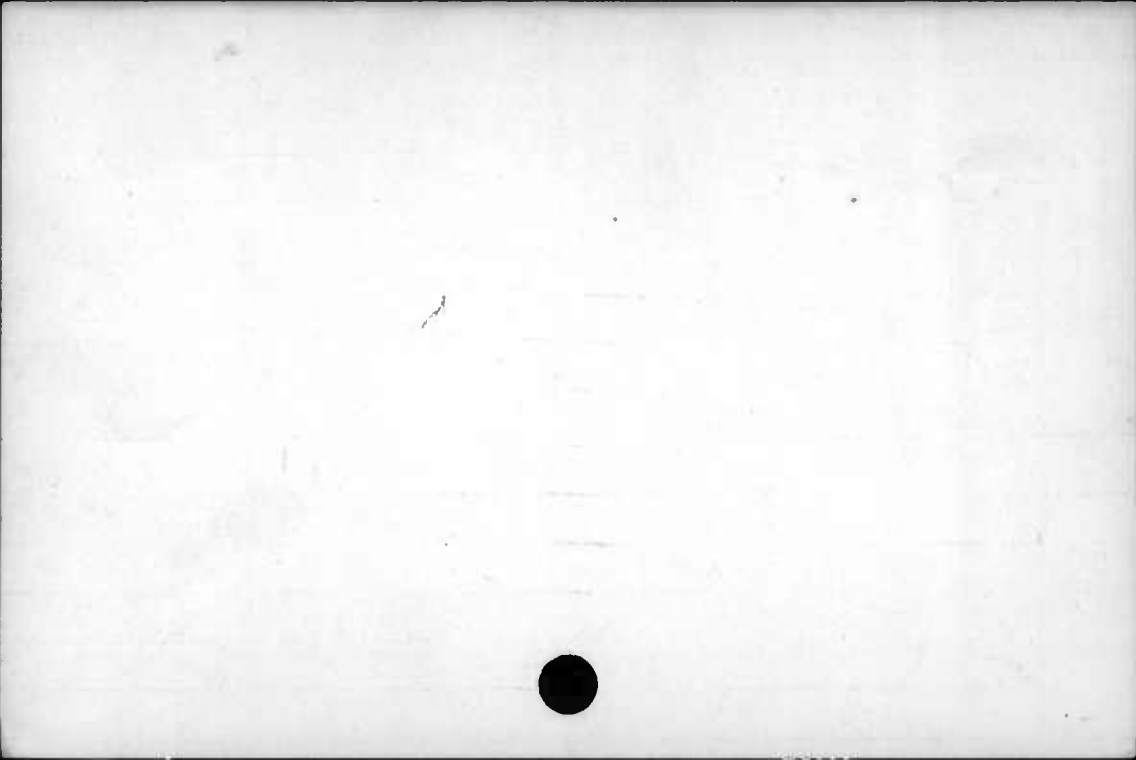
Died at <i>St. Agnes Hospital</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	<i>May</i> ^{Month}	<i>17</i> ^{Day}	<i>8 hours</i> ^{Years}	<i>0</i> ^{Months}
Sex	<i>Male</i>		Color of Race	<i>White</i>	
Occupation	<i>none</i>		Birth-place	<i>St. Agnes Hospital</i>	
Where Residing if not at place of death			—		
Married, Single or Widowed <input checked="" type="checkbox"/>			Name of Wife or Husband		
Father's Name <i>John T. Morris</i>			Father's Birthplace <i>Virginia</i>		
Mother's Maiden Name <i>Dora Wickens</i> <i>or William</i>			Mother's Birthplace <i>Virginia</i>		
Name of person giving information <i>John T. Morris</i>			How related to deceased		

CAUSES OF DEATH

71

PHYSICIAN
OR CORONER

Primary	<i>Toxaemia</i>	How long	—
Immediate	<i>Eclampsia</i>	How long	<i>8 hours</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
<i>Yes</i>		<i>E. P. Sandrock M.D.</i>	
		Address	
		<i>St. Agnes Hospital</i>	
Accident or Suicide?			



Name
in
Full

Priscilla B. Horton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Hillen Road</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death	1908	Month	May	Day	20
Age		Years		Months	Days
84		—		—	
Sex	Female		Color or Race	White	
Birth-place	Maine				
Occupation	<i>Maiden lady of means</i>		Where Residing if not at place of death		
<i>at Residence</i>					
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<i>a. B. Horton</i>		Father's Birthplace	<i>Mass.</i>	
Mother's Maiden Name	<i>Anne Joy</i>		Mother's Birthplace	<i>Maine</i>	
Name of person giving Information	<i>Miss Lombard</i>		How related to deceased	<i>Cousin</i>	

CAUSES OF DEATH

65

PHYSICIAN
OR CORONER

Primary	<i>Softening of Brain</i>	How long	<i>Several months</i>
Immediate	<i>Exhaustion</i>	How long	<i>1 week</i>
Are the name, age, sex, color, date and place correctly given above?		Yes	
Signature of Physician		<i>E. H. Duncan</i>	
Address		<i>Gorhamstown Md</i>	
Accident or Suicide?			

EM Michell

1201 W Fayeth st
to Greenmount

Name
in
Full

Peter J. Noonan

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

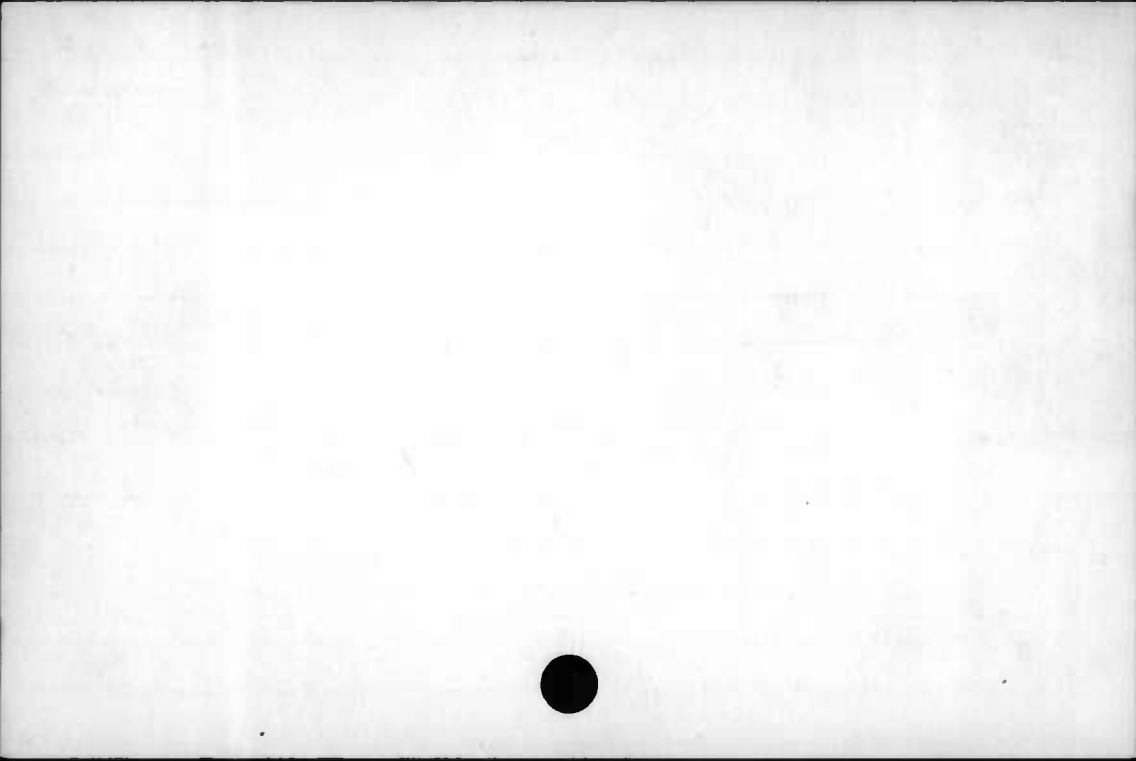
Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		May	16	64			
Sex	male	Color or Race	white	Birth-place	Baltimore		
Occupation	Farmer			Where Residing if not at place of death			
Married, Single or Widowed	Single			Name of Wife or Husband			
Mary Noonan							
Father's Name	Patrick Noonan				Father's Birthplace	Ireland	
Mother's Maiden Name	Mary Noonan				Mother's Birthplace	Ireland	
Name of person giving Information	Eliot Noonan				How related to deceased	Brother	

CAUSES OF DEATH

142

PHYSICIAN
OR CORONER

Primary	Organic Heart disease		How long	4 or 5 years
Immediate	Gangrene of lower limbs		How long	
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician	Dr. J. S. Green
			Address	Sittings
				Mid.
Accident or Suicide?				



Name
in
Full

Annie O Neal

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

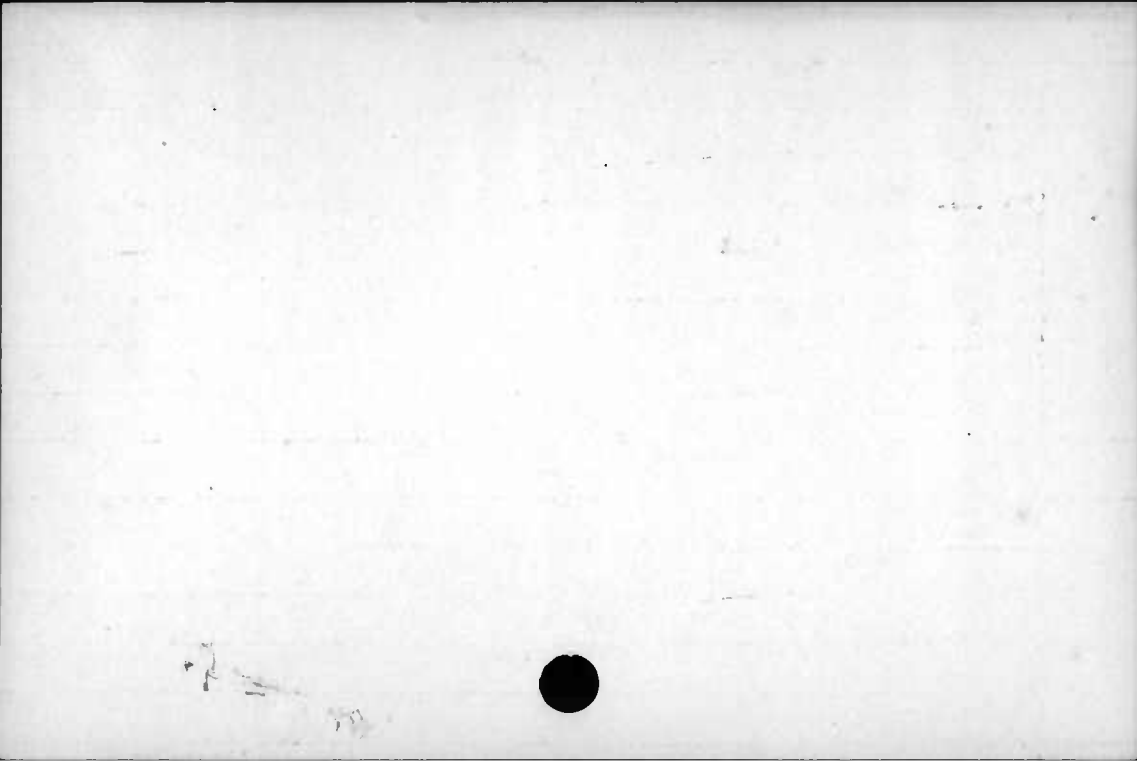
Died at *Mt Hope Retreat* Town *Baltimore* CountyDate of death *1908* Month *May* Day *30* Age *60* Years Months *unknown* Days *unknown*Sex *Female* Color or Race *White* Birth-place *Ireland*Occupation *Seamstress* Where Residing if not at place of death *Phila Pa*Married, Single or Widowed *Single* Name of Wife or HusbandFather's Name *not known* Father's Birthplace *unknown*Mother's Maiden Name *" "* Mother's Birthplace *" "*Name of person giving information *Reeds Mt Hope Retreat* How related to deceased *not at all*

CAUSES OF DEATH

68

Primary *Mania Depressive* How long *6 mos*Immediate *Ex - Pul. Congest. & Cardiac Collapse* How longAre the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *Frank J. Flannery*Address *Mt Hope Retreat Baltimore Md*

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

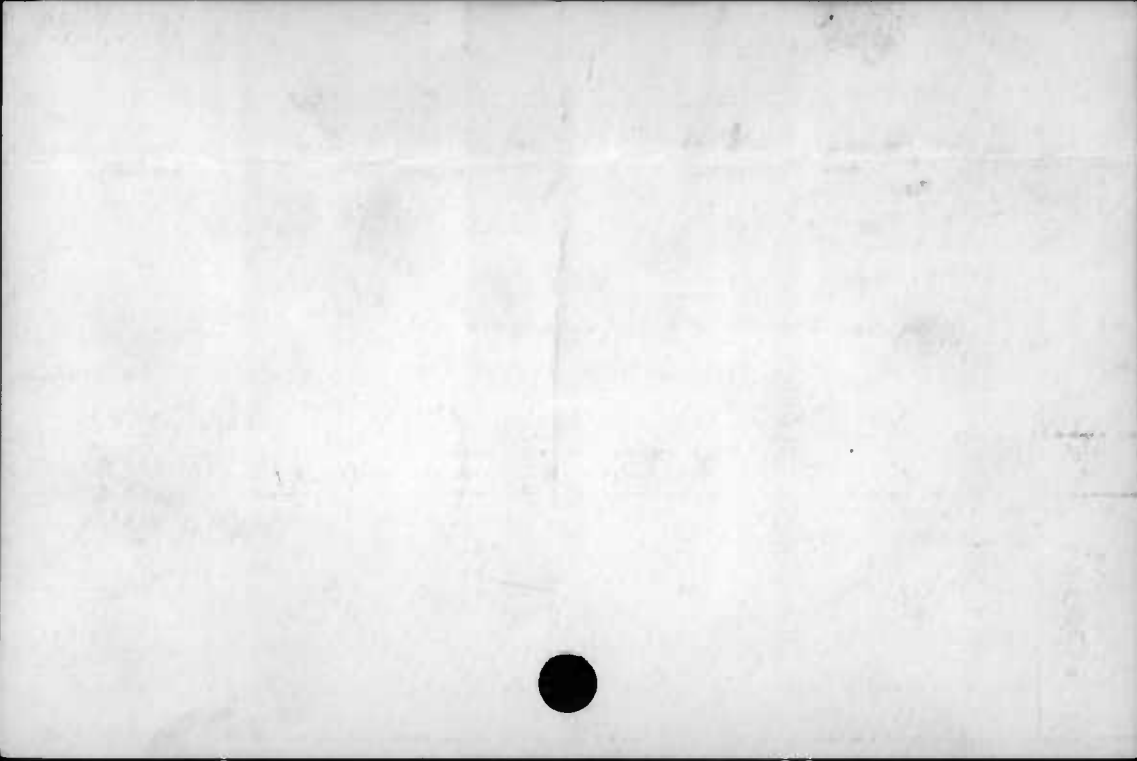
Died at		James J. Owens		County		Baltimore		MARYLAND	
Date of death	1908	Month	5	Day	25	Years	49	Months	
Sex	Male		Color or Race	White		Birth-place	Catonville, Md.		
Occupation	Landscape gardener		Where Residing if not at place of death		see above				
Married, Single or Widowed	Married		Name of Wife or Husband		Unknown				
Father's Name	Unknown		Father's Birthplace		Unknown				
Mother's Maiden Name	Unknown		Mother's Birthplace		Unknown				
Name of person giving information	Thos. C. Bussey MD		How related to deceased		None				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Pulmonary Tuberculosis		How long	Do not know	
Immediate			How long		
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician		Thos. C. Bussey MD
			Address		Texas Md
Accident or Suicide?					



Name
in
Full

Louis Durbin Passano

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Roland Park ^{Town} Baltimore ^{County} MARYLAND

Date of death 1908 ^{Month} May ^{Day} 6th ^{Years} 64 ^{Months} 11 ^{Days} 26

Sex male Color or Race White Birth-place Baltimore

Occupation Trimmer Williams + Williams Co Where Residing if not at place of death

Married, Single or Widowed married Name of Wife or Husband Alice Maymider Passano

Father's Name Leonard Passano Father's Birthplace Genoa Italy

Mother's Maiden Name Perthenia Phelps Mother's Birthplace Baltimore

Name of person giving information Edward B. Passano How related to deceased Son

CAUSES OF DEATH

(93)

PHYSICIAN
OR CORONER

Primary Lobar pneumonia How long Two weeks

Immediate Heart failure How long Three hours

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician M. C. Bode Address 1900 Maryland Ave

Accident or Suicide?

Interment Greenmount Cemetery
Baltimore Md

Undertakers
Stewart & Mowen Co
215-Park ave
Baltimore Md.

Name
in
Full

Michael P. Pison

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death		Month	Day	Age	Years	Months	Days
1908		May	11	40	70	1	X X X X
Sex	Color or Race			Birth-place			
male	white			Poland			
Occupation				Where Residing if not at place of death			
Farmer							
Married, Single or Widowed				Name of Wife or Husband			
Single				Mary Pison			
Father's Name				Father's Birthplace			
John Pison				Poland			
Mother's Maiden Name				Mother's Birthplace			
Annie - - - - -				Germany			
Name of person giving information				How related to deceased			
Mary Pison				widow.			

CAUSES OF DEATH

40

PHYSICIAN
OR CORONER

Primary	Gastric Carcinoma	How long	don't know
Immediate	Asthenia	How long	abt 2 weeks.
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		M. M. Wright	
		Address	
		Canta + Allen Sts.	
		Baltimore Md.	
Accident or Suicide?			

M. Stanislaus.

MAY 14 1908

**M. F. SADOWSKI,
703 S. ANN ST.**

BALTIMORE, MD.

Name
in
Full

Harriett Prickett

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Govanston</i> ^{Town}		<i>Bulter</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	<i>5</i> ^{Month}	<i>15</i> ^{Day}	Age <i>40</i> ^{Years}	Months	Days
Sex <i>Female</i>	Color or Race <i>white</i>	Birth-place <i>Maryland</i>			
Occupation <i>House maid</i>	Where Residing if not at place of death <i>at place of death</i>				
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>None</i>				
Father's Name <i>Robert Prickett</i>	Father's Birthplace <i>Don't know</i>				
Mother's Maiden Name <i>Don't know</i>	Mother's Birthplace <i>Don't know</i>				
Name of person giving information <i>Mary Wallingham</i>	How related to deceased <i>Grand niece</i>				

CAUSES OF DEATH

68

PHYSICIAN
OR CORONER

Primary <i>Melancholia</i>	How long <i>6 mo.</i>
Immediate <i>Senile Debility</i>	How long <i>1 yr</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geary A. Long, M.D.</i>
	Address <i>Hamilton</i>
Accident or Suicide? <i>No</i>	<i>md</i>

York Cemetery

Frederick Lussahn &
Sons

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mt Wincans</i> <small>Town</small>		<i>Baltimore</i> <small>County</small>		MARYLAND	
Date of death <i>1908</i> <small>Month</small> <i>May</i> <small>Day</small> <i>26</i>		Age <i>mo</i> <small>Years</small>		Months <i>no</i> <small>Days</small> <i>17</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Birth-place <i>Mt Wincans</i>	
Occupation <i>none</i>		Where Residing if not at place of death <i>Mt Wincans</i>			
Married, Single or Widowed <i>infant</i>		Name of Wife or Husband <i>infant</i>			
Father's Name <i>James Gwail</i>		Father's Birthplace <i>Ohio</i>			
Mother's Maiden Name <i>Annie Kane</i>		Mother's Birthplace <i>New Jersey</i>			
Name of person giving information <i>James Gwail</i>		How related to deceased <i>Father</i>			
CAUSES OF DEATH <i>151</i>					

PHYSICIAN
OR CORONER

Primary <i>Congenital Debility</i>	How long <i>17 days</i>
Immediate <i>yellow jaundice</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Dr. Glaser</i>
	Address <i>Mt Wincans</i>
Accident or Suicide?	<i>no</i>

J. L. Cowan.

Name in Full		Bernard Quill				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND	Died at		Baltimore		MARYLAND			
	Date of death	1908	Month	5	Day	26		
	Age		76		Years			
	Sex	Male		Color or Race	White			
	Occupation	Unknown		Birth-place	Germany			
	Where Residing if not at place of death		See above					
	Married, Single or Widowed	Unknown		Name of Wife or Husband	Unknown			
	Father's Name	Unknown			Father's Birthplace	Unknown		
Mother's Maiden Name	Unknown			Mother's Birthplace	Unknown			
Name of person giving information	Dr. T. B. Bussey			How related to deceased	None			
CAUSES OF DEATH								
PHYSICIAN OR CORONER	Primary	Pulmonary Tuberculosis				How long	6 mos.	
	Immediate						How long	
	Are the name, age, sex, color, date and place correctly given above?	Yes						
	Signature of Physician	Dr. T. B. Bussey						
	Address	Dixas, Md.						
Accident or Suicide?								



Name
in
Full

Thos. Rattigan

CERTIFICATE OF DEATH

Died at *Balti.* ^{Town} *C. Althouse* ^{County}

MARYLAND

Date of death *1908* Month *5* Day *12* Age *80* Years Months DaysSex *Male* Color or Race *White* Birth-place *Ireland*Occupation *Laborer* Where Residing if not at place of deathMarried, Single
or WidowedName of Wife or
Husband*Hannah Kelly*Father's Name *Daniel Rattigan*Father's Birthplace *Ireland*Mother's Maiden Name *— Knight*Mother's Birthplace *Ireland*Name of person giving
Information *Belia Kelly*How related to deceased *Sister-in-law*

CAUSES OF DEATH

Primary *Pulmonary Tuberculosis* How long *admitted was sick when*

Immediate

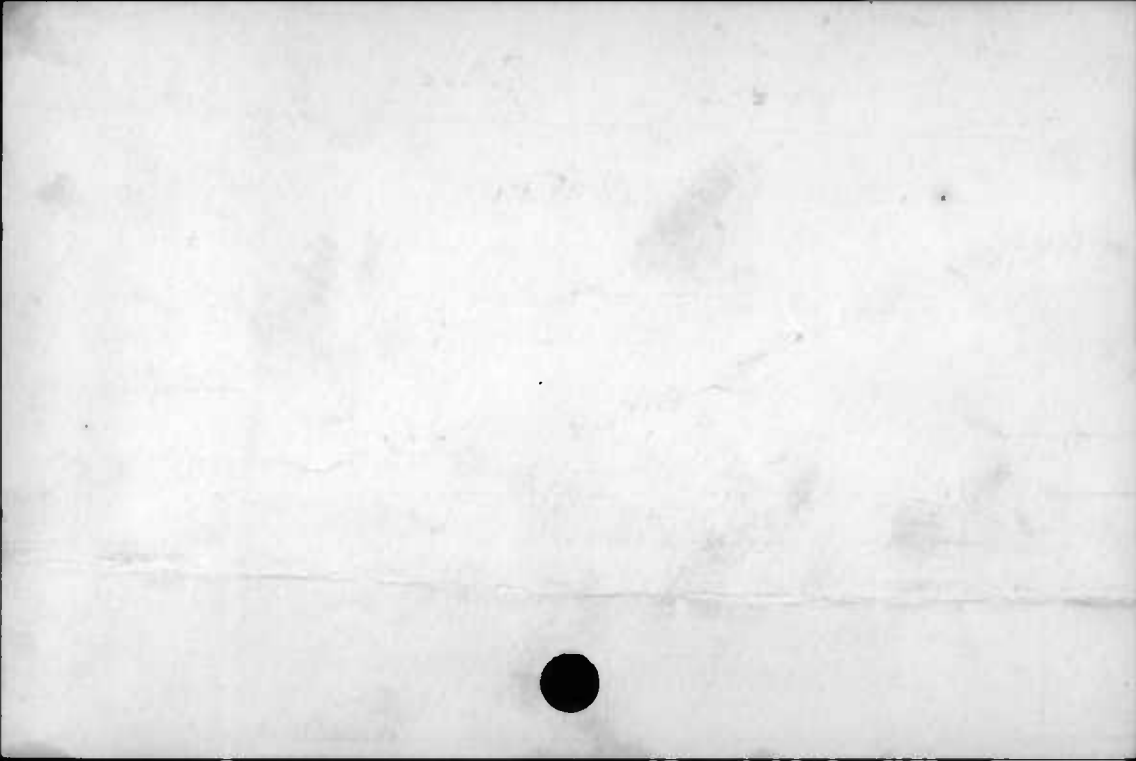
Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician

Address

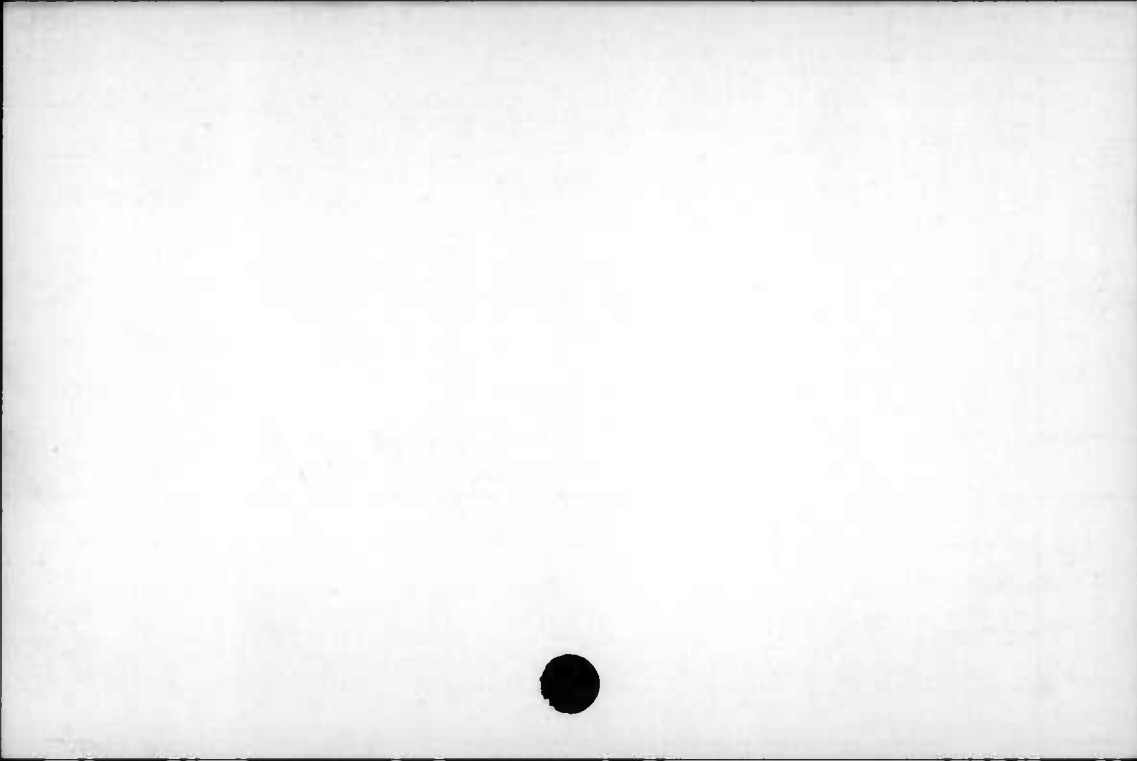
*Dr. Thos. C. Bussey**Texas**Md.*

Accident or Suicide?

*No*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name in Full E W Rawles		CERTIFICATE OF DEATH	
Died at Catoxville Town		County Baltimore	
Date of death 1908		Month May	Day 31
Age 74		Years	Months
Sex Male		Color or Race White	Birth-place Pa
Occupation Jeweler		Where Residing if not at place of death Toronto N B	
Married, Single or Widowed Single		Name of Wife or Husband I don't know	
Father's Name Not known		Father's Birthplace I don't know	
Mother's Maiden Name Not known		Mother's Birthplace I don't know	
Name of person giving information		How related to deceased	
CAUSES OF DEATH			
Primary Senile Dementia		How long About 1 year	
Immediate Adema y the glattis		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		Address Chas. J. Hurley MD Catoxville Md	
Accident or Suicide?			



Name
in
Full

Florence E. Reeder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

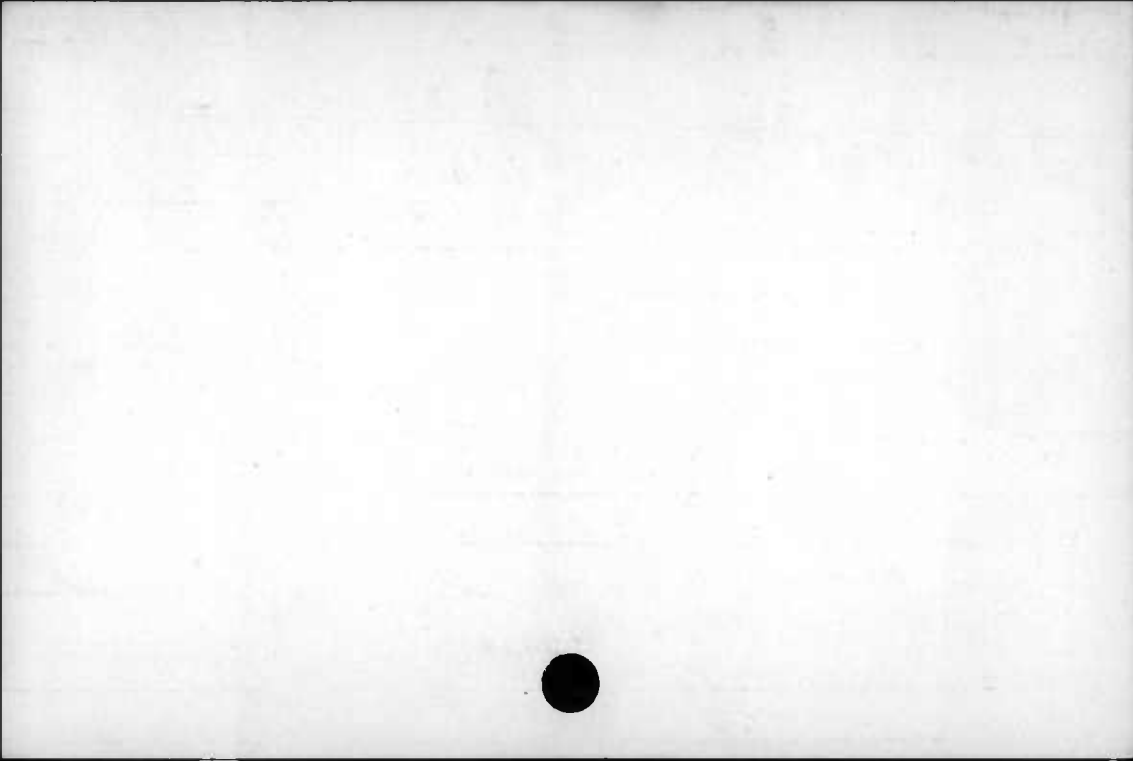
Died at <i>Lansdowne</i> ^{Town}		<i>Baltimore</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	<i>May</i> ^{Month}	<i>5</i> ^{Day}	Age <i>28</i> ^{Years}	<i>8</i> ^{Months}	<i>13</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Balt Co. Md.</i>		
Occupation <i>House wife</i>	Where Residing if not at place of death				
Married, Single or Widowed <input checked="" type="checkbox"/> Married	Name of Wife ^{Husband} <i>Charles W. Reeder</i>				
Father's Name <i>Jacob Edler</i>	Father's Birthplace <i>Md.</i>		Mother's Birthplace <i>Md.</i>		
Mother's Maiden Name <i>Mary C. Arnold</i>	How related to deceased <i>Mother</i>				
Name of person giving information <i>Mary C. Edler</i>					

CAUSES OF DEATH

113

PHYSICIAN
OR CORONER

Primary <i>Cholelithiasis & Hepatic Colic</i>	How long <i>30 days</i>
Immediate <i>Syncope & Exhaustion</i>	How long <i>3 hours</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frank H. Reehl</i>
	Address <i>Lansdowne Balt Co. Md.</i>
Accident or Suicide? <input checked="" type="checkbox"/>	



Name
In
Full

Elsie May Reter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Shawau</i> ^{Town}		<i>Dalto</i> ^{County}		MARYLAND	
Date of death	1908	Month	May	Day	16
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Shawau Md.</i>	
Occupation _____		Where Residing if not at place of death " "			
Married, Single or Widowed <i>---</i>		Name of Wife or Husband _____			
Father's Name <i>Peter Reter</i>		Father's Birthplace <i>Sweet Air Md</i>			
Mother's Maiden Name <i>Mary Lee Benson</i>		Mother's Birthplace <i>Mt. Carmel Md</i>			
Name of person giving information <i>Peter Reter</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

150

PHYSICIAN
OR CORONER

Primary <i>Hydrocephalus</i>	How long <i>One month</i>
Immediate <i>Convulsions</i>	How long <i>from birth</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. K. Drach M.D.</i>
	Address <i>Butler Md.</i>
Accident or Suicide?	

Funeral at Mt-Carmel
Monday May 19th

W. C. Brooks

Name
in
Full

Fred Runnenberg

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

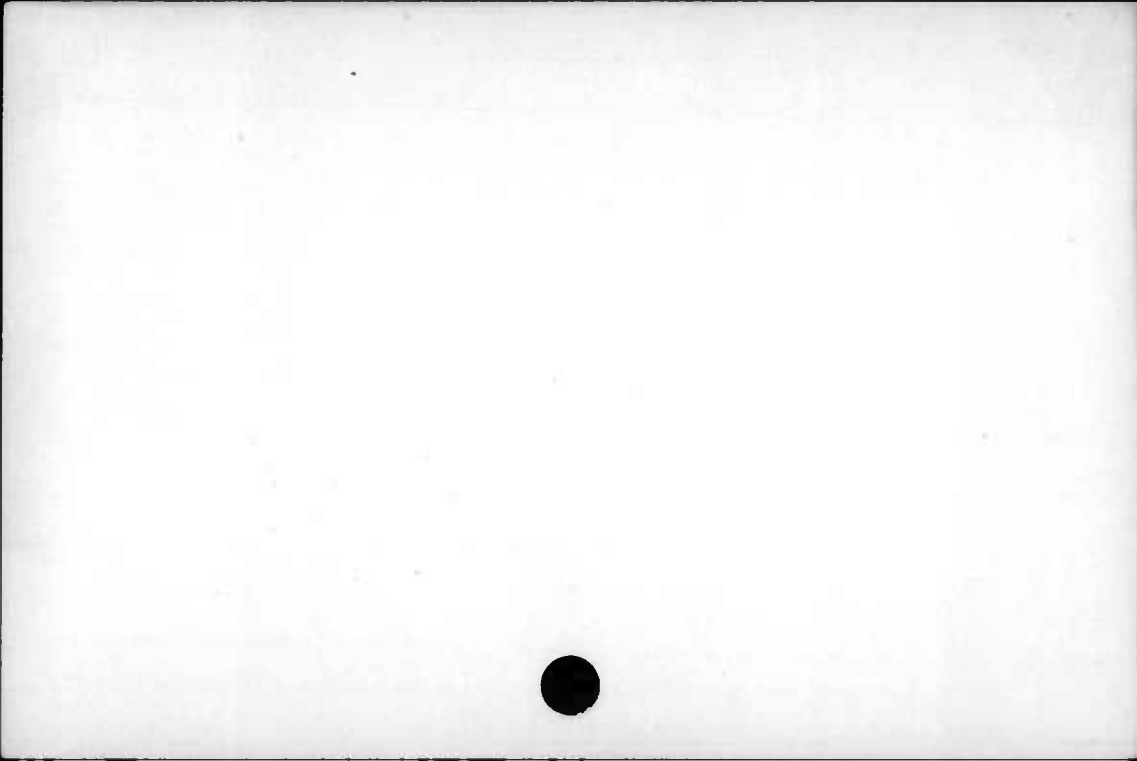
Died at <u>Gardenville</u> Town		<u>Baltimore</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>May</u>	Day <u>14</u>	Age <u>65</u>	Years <u>—</u>	Months <u>—</u>
Sex <u>Male</u>	Color or Race <u>White</u>	Birth-place <u>Germany</u>			
Occupation <u>Laborer</u>		Where Residing if not at place of death <u>Baltimore City</u>			
Married, Single or Widowed <u>Widowed</u>	Name of Wife or Husband <u>not known</u>				
Father's Name <u>not known</u>	Father's Birthplace <u>—</u>				
Mother's Maiden Name <u>not known</u>	Mother's Birthplace <u>—</u>				
Name of person giving information <u>J. Harman Schone</u>	How related to deceased <u>Cousin</u>				

CAUSES OF DEATH

157

PHYSICIAN
OR CORONER

Primary	<u>Hanging with suicidal intent</u>	How long <u>—</u>
Immediate	<u>Strangulation</u>	How long <u>—</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>J. Harman Schone</u>
		Address <u>Gardenville, Md</u>
Accident or Suicide?		



Name
in
Full

Anna M. Sanders

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Highlandtown</i> ^{County} <i>Balto.</i>		MARYLAND	
Date of death	^{Month} <i>8 May</i> ^{Day} <i>2nd</i> ^{Years} <i>48</i>	^{Months} <i>1</i>	^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Balto. Md.</i>	
Occupation <i>Housewife</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Jno. W. Sanders</i>		
Father's Name <i>George Michel</i>	Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Anna Lindner</i>	Mother's Birthplace <i>" " "</i>		
Name of person giving information <i>Jno. W. Sanders</i>	How related to deceased <i>Husband.</i>		

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	<i>Tuberculosis</i>	How long	<i>about one year</i>
Immediate	<i>"</i>	How long	<i>" "</i>
Are the name, age, sex, color, date and place correctly given above?	<i>Yes</i>	Signature of Physician	<i>J. H. Hollenberg</i>
		Address	<i>1810 E Balto St</i>
Accident or Suicide?			

Holy Redeemer Cemetery

May 5th 1908

Germanus France

Name
in
Full

CERTIFICATE OF DEATH

John F. Schickner

Town

County

MARYLAND

Died at

Grays. near Elliott City, Balto

Date

1908

Month

May.

Day

8

Years

77

Age

Months

No

Days

No

Sex

Male

Color or
Race

White

Birth-
place

Germany

Occupation

Rail Road Man

Where Residing if not
at place of death

Grays.

Married, Single
or Widowed

Widower

Name of Wife or
Husband

dead

Unknown

Father's
Name

Don't Know

Father's
Birthplace

Germany

Mother's
Maiden Name

Don't Know

Mother's
Birthplace

Germany

Name of person giving
information

Henry Lauwman

How related
to deceased

Brother in Law

CAUSES OF DEATH

50

Primary

Dialysis

How long

Years

Immediate

Heart failure

How long

2 weeks

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

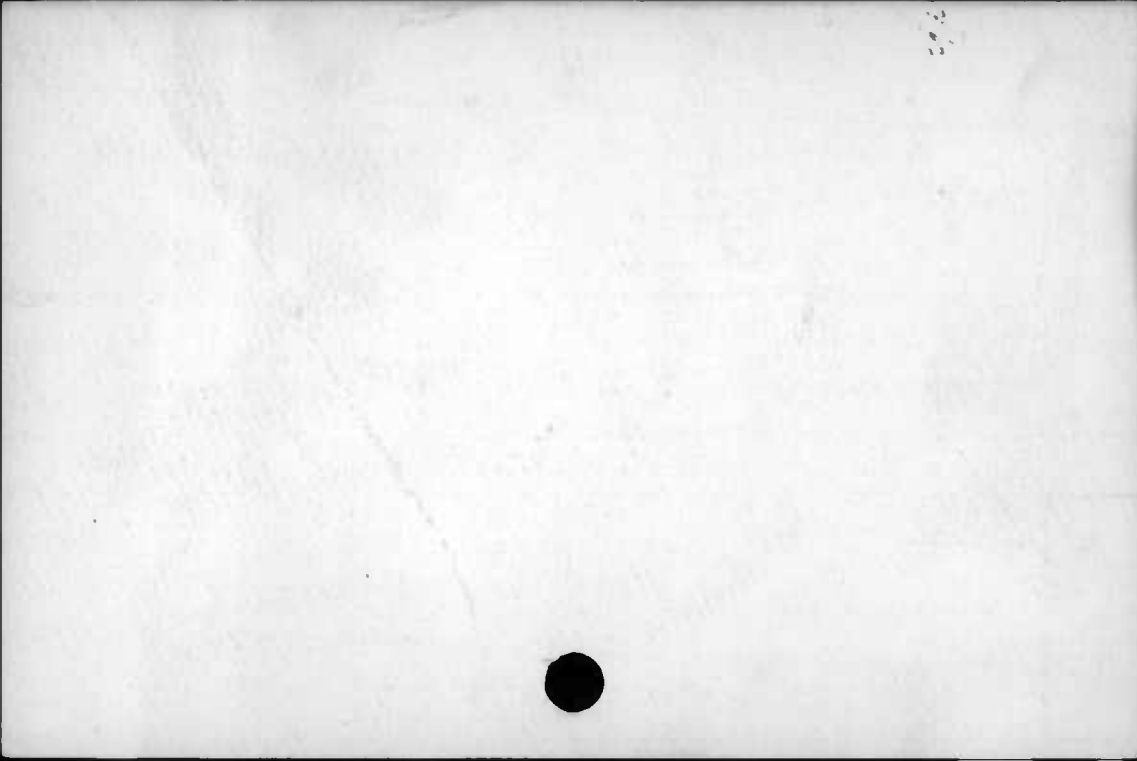
W. C. Shue

Address

Elliott City

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER




Name
in
Full

Caroline Schmidt

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Canton</i> Town			 <i>Balto.</i> County			MARYLAND	
Date of death <i>1908</i>	Month <i>May</i>	Day <i>25</i>	Years <i>62</i>	Months <i>9</i>	Days <i>10</i>		
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>			
Occupation <i>Housekeeper</i>			Where Residing if not at place of death <i>34 O'Donnell St. E.H.</i>				
Married, Single or Widowed		Name of Wife or Husband <i>George Schmidt</i>					
Father's Name <i>Peter Kiefer</i>			Father's Birthplace <i>Germany</i>				
Mother's Maiden Name			Mother's Birthplace <i>"</i>				
Name of person giving information <i>Mrs. Laura Murkey</i>			How related to deceased <i>Daughter</i>				

Malignant -

CAUSES OF DEATH

*42*PHYSICIAN
OR CORONER

Primary <i>Uterine Neoplasm</i>	How long
Immediate <i>Exhaustion</i>	How long <i>1 1/2 months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>C. A. Meyer</i>
	Address
Accident or Suicide? <i>No</i>	

Girkler & Girkler
1739 E. Eager St.

Oaklawn Cemetery

May 29-1908

Name in Full		Elmer Edward Schoof				CERTIFICATE OF DEATH						
TO BE ANSWERED BY NEAREST FRIEND	Died at ^{Town} Highlandtown		^{County} Balto.		MARYLAND							
	Date of death	1908	Month	May	Day	20	Age	Years	Months	7	Days	15
	Sex	Male		Color or Race	White		Birth-place	Md				
	Occupation	None		Where Residing if not at place of death		—						
	Married, Single or Widowed	Single		Name of Wife or Husband		—						
	Father's Name	William Schoof					Father's Birthplace	Md				
	Mother's Maiden Name	Emma Jones					Mother's Birthplace	Md				
Name of person giving information	Emma Schoof					How related to deceased	Mother					
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px; display: inline-block;">71</div>												
PHYSICIAN OR CORONER	Primary		Infantile Convulsions					How long		5 Minutes		
	Immediate							How long				
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		Dr. F. A. Glantz					
					Address		41 Eastern Ave E.A.					
	Accident or Suicide?											

Mt. Carmel Cemetery.

Herwig & Son

2008 Orleans St.

5/23/08

Name
in
Full

Christina Schreiber

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} 256 S. 1st Canton ^{County} Baltimore ^{State} MARYLAND

Date of death 1908 May 11 Age 71 Months 11 Days 17

Sex Female Color or Race White Birth-place Germany

Occupation Retired Where Residing if not at place of death Play of Death

Married, Single or Widowed Widowed Name of Wife or Husband Benny Schreiber

Father's Name Not Known Father's Birthplace Germany

Mother's Maiden Name Not Known Mother's Birthplace Germany

Name of person giving information Wm Schreiber How related to deceased Son

CAUSES OF DEATH

108

PHYSICIAN
OR CORONER

Primary Strangulated Hernia How long 4 days

Immediate Cardiac Paralysis How long —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Chas Meier

Address 1619 Patterson Park Ave

Accident or Suicide?

In New

Baltimore cemetery

H. Sander & Sons

May 14/88

Name
in
Full

Charles Andrew Schulz

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Eastern ave</i> <i>Town</i> <i>Road</i>		<i>Baltimore</i> <i>County</i>		MARYLAND	
Date of death	1908	Month	May	Day	12
Age		Years		Months	Days
46		—		3	
Sex	male		Color or Race	white	
Birth-place	Gaver Germany				
Occupation	Tollgate Keeper		Where Residing if not at place of death <i>Back River</i>		
Married, Single or Widowed			Name of Wife or Husband <i>Elizabeth Schulz</i>		
Father's Name	<i>not known</i>		Father's Birthplace <i>Germany</i>		
Mother's Maiden Name	<i>"</i>		Mother's Birthplace <i>Germany</i>		
Name of person giving information	<i>Alexander H. Schulz</i>		How related to deceased <i>Son</i>		

CAUSES OF DEATH

95

PHYSICIAN
OR CORONER

Primary	<i>Hypostatic Pneumonia</i>	How long	<i>12 days</i>
Immediate	<i>Heart Failure</i>	How long	<i>2 "</i>

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

M. J. McAvoy M.D.
839 S. Canton St.

Accident or Suicide?

Dr. McBlanehan

Clinton St. near Foster Ave.

R. J. McQuoy

839 Canton St.

Name
in
Full

CERTIFICATE OF DEATH

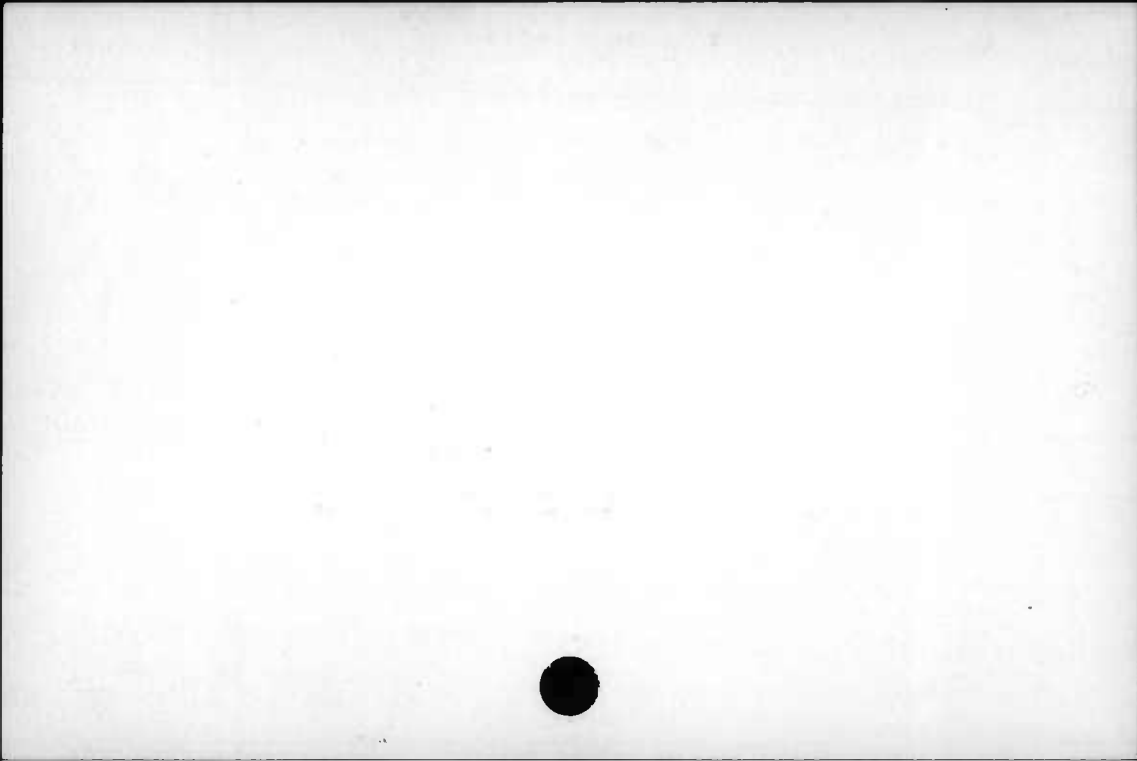
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full Baby Scott		Town Mt. Gilboa		County Baltimore		State MARYLAND	
Died at		Date of death		Age		Birthplace	
		1908 5-6		Premature Birth 8 months		Mt. Gilboa.	
Sex		Color or Race		Birthplace			
Male		Colored		Mt. Gilboa.			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed				Name of Wife or Husband			
Father's Name				Father's Birthplace			
Kimfield Scott				Unknown			
Mother's Maiden Name				Mother's Birthplace			
Francis Brown				Mt. Gilboa			
Name of person giving information				How related to deceased			
Francis Brown				Mother -			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Premature Birth at 8 months		-	
Immediate		How long	
Still Born			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		John. M. Bone & Coroner	
		Address	
		Ellicott City Md	
		Baltimore County	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

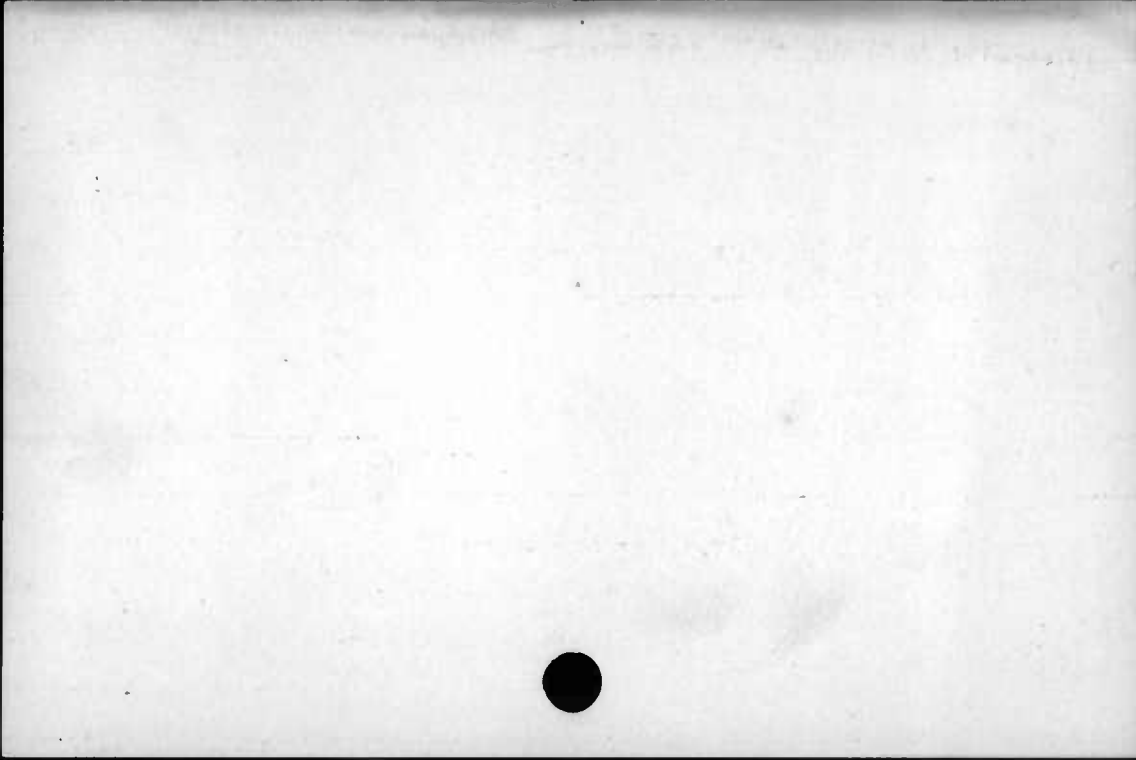
Died at <i>Mt Hope Retreat</i> Town <i>Baltimore</i> County		MARYLAND	
Date of death <i>1908</i> Month <i>May</i> Day <i>4th</i> Age <i>47</i> Years Months <i>not known</i> Days <i>not known</i>	Sex <i>Male</i>	Color or Race <i>White</i>	Birth-place <i>Baltimore</i>
Occupation <i>Brass-Mechanic</i>	Where Residing if not at place of death <i>Baltimore</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>not known</i>		
Father's Name <i>not known</i>	Father's Birthplace <i>not known</i>		
Mother's Maiden Name <i>" "</i>	Mother's Birthplace <i>" "</i>		
Name of person giving information <i>Recd's Mt Hope Retreat</i>	How related to deceased <i>Recd's Mt Hope</i>		

CAUSES OF DEATH

(68)

PHYSICIAN
OR CORONER

Primary <i>Mania Chronic</i>	How long <i>abt 5 or 6 yrs</i>
Immediate <i>Exhaustion -</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Frank J. Flannery</i>
	Address <i>Mt Hope Retreat Mt Hope Ma</i>
Accident or Suicide?	



Name
in
Full

Enocia Stausbury

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

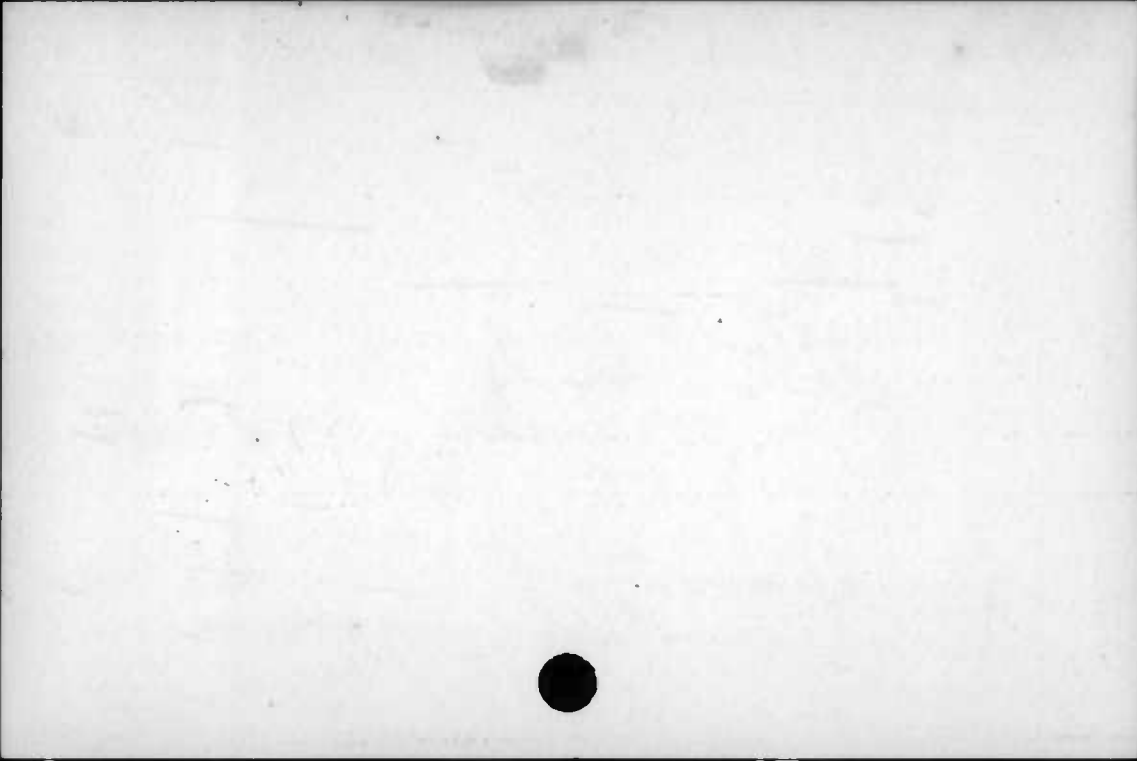
Died at <i>Towson</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death <i>1908</i>	Month <i>5</i>	Day <i>31</i>	Years <i>Age about 97</i>	Months <i>—</i>	Days <i>—</i>		
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Balto County</i>				
Occupation <i>None</i>	Where Residing if not at place of death <i>at Towson</i>						
Married, Single or Widowed <i>Widowed</i>	Name of Wife Husband <i>Thomas Stausbury</i>		<i>died 1886</i>				
Father's Name <i>Unknown - except Daves</i>	Father's Birthplace <i>unknown</i>						
Mother's Maiden Name <i>unknown</i>	Mother's Birthplace <i>unknown</i>						
Name of person giving information <i>R. C. Massenburg</i>	How related to deceased <i>friend only</i>						

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>Arterio Sclerosis, Infection</i>	How long <i>9 weeks</i>
Immediate <i>Exhaustion of Physical forces</i>	How long <i>7 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>R. C. Massenburg</i>
	Address <i>Towson</i>
Accident or Suicide? <i>X</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Baybrook</i> Town <i>Baltimore</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>5</i>	Day <i>24</i>	Age <i>7</i> Years Months Days
Sex <i>Male</i>	Color or Race <i>White</i>	Birthplace	
Occupation	Where Residing if not at place of death		
Married, Single or Widowed	Name of Wife or Husband		
Father's Name <i>Thomas H. Stanchbury Jr.</i>	Father's Birthplace <i>Lanval Hills</i>		
Mother's Maiden Name <i>Ada M. Green</i>	Mother's Birthplace <i>Baltimore</i>		
Name of person giving information <i>Thomas Stanchbury</i>	How related to deceased <i>Father</i>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Reformist</i>	How long <i>Still born</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. J. Payne</i>
	Address <i>J. J. Payne</i>
Accident or Suicide?	<i>md.</i>

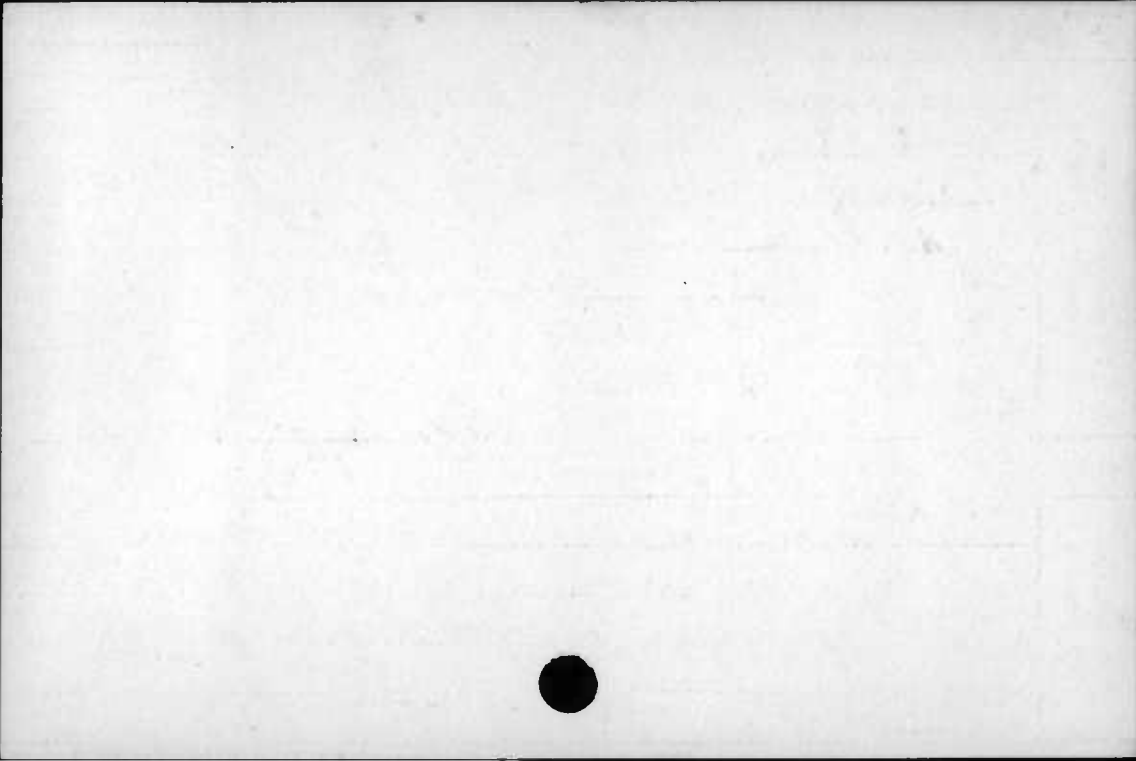


Name in Full Samuel Sullivan		CERTIFICATE OF DEATH	
Died at Alburton ^{Town}		County Bath	
Date of death 1908 Month May Day 14 Age 19 Years		Months 0 Days 0	
Sex male		Color or Race white	
Occupation laborer		Birth-place Bath City	
Where Residing if not at place of death Alburton Md			
Married, Single married or Widowed		Name of Wife or Husband Irene Sullivan	
Father's Name Eugene J Sullivan		Father's Birthplace Ind	
Mother's Maiden Name Sarah E. Worley		Mother's Birthplace Pa	
Name of person giving information Eugene J Sullivan		How related to deceased Brother	
CAUSES OF DEATH			
Primary Drowning		How long Immediate	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician John T. L. (Crown)	
Address Frank			
Accident or other accident			

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

(172)



Name in Full		Oliver Keech Tallott.						CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Warren</i> <small>Town</small>			<i>Balto.</i> <small>County</small>			MARYLAND	
		Date of death <i>1908</i>		Month <i>3-</i>	Day <i>2</i>	Age <i>28</i>		Years <i>10</i>	Months <i>13-</i>
		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ind.</i>			
		Occupation <i>Cottonmill Operator</i>			Where Residing if not at place of death <i>Warren Ind.</i>				
		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband					
		Father's Name <i>Scott Tallott</i>			Father's Birthplace <i>Ind.</i>				
		Mother's Maiden Name <i>Aryetta Bosley</i>			Mother's Birthplace <i>Ind.</i>				
		Name of person giving information <i>Aryetta Tallott</i>			How related to deceased <i>Mother</i>				
PHYSICIAN OR CORONER		CAUSES OF DEATH						(45)	
		Primary <i>Carcinoma (Abdominal.)</i>						How long <i>10 months</i>	
		Immediate <i>Exhaustion</i>						How long	
		Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>			Signature of Physician <i>Wilmer C. Enzer, M.D.</i>			Address <i>Cockeysville Ind.</i>	
		Accident or Suicide? <i>No</i>							

Interment at Falls
Road Chapple Tuesday
May 2nd 1894

W. L. Brooks

Name in Full		Town						County		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Old Frederick Road Catonsville</i>						BALTO		MARYLAND	
		Date of death <i>1908</i>		Month <i>May</i>		Day <i>21</i>		Years <i>46</i>		Months <i>no</i>	
		Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Maryland</i>		Days <i>no</i>			
		Occupation <i>Farmer</i>				Where Residing if not at place of death <i>Old Frederick Road</i>					
		Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>None</i>							
		Father's Name <i>Michael Thomey</i>				Father's Birthplace <i>Germany</i>		Dead			
		Mother's Maiden Name <i>Margaret Bloom</i>				Mother's Birthplace <i>Germany</i>					
Name of person giving information <i>Edward M Thomey</i>		How related to deceased <i>Brother</i>									
CAUSES OF DEATH											
PHYSICIAN OR CORONER		Primary <i>Inflammation of Salivary Glands of</i>						How long <i>3 weeks</i>			
		Immediate <i>Sangrene</i>						How long <i>1 week</i>			
		Are the name, age, sex, color, date and place correctly given above? <i>yes</i>						Signature of Physician <i>Marshall B West</i>			
								Address <i>Catonsville, Md</i>			
		Accident or Suicide? <i>no</i>									

Easton Sons.
Bonnie Brae.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

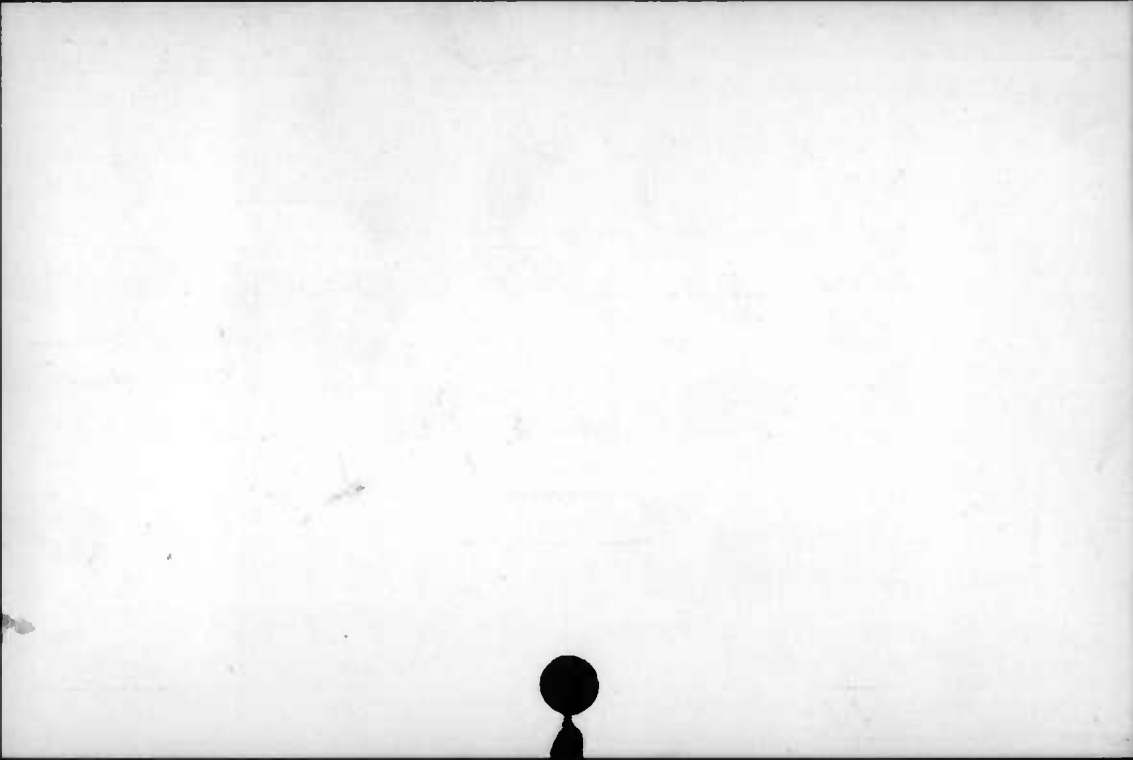
Died at <i>MT Camel</i>		Town <i>Baltimore</i>		County		MARYLAND	
Date of death	<i>1908</i>	Month <i>May</i>	Day <i>27</i>	Age <i>77</i>	Years	Months <i>8</i>	Days <i>4</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>MT Camel Baltimore</i>				
Occupation <i>Farmer</i>	Where Residing if not at place of death <i>-</i>						
Married, Single or Widowed <i>Widowed</i>	Name of Wife or Husband <i>Sarah Amason</i>						
Father's Name <i>Jacob Turnbaugh</i>	Father's Birthplace <i>Germany</i>						
Mother's Maiden Name <i>Annie Foster</i>	Mother's Birthplace <i>Baltimore</i>						
Name of person giving information <i>Thomas Turnbaugh</i>	How related to deceased <i>Son</i>						

CAUSES OF DEATH

154

PHYSICIAN
OR CORONER

Primary <i>Senectus</i>	How long <i>1 year</i>
Immediate <i>Asthma</i>	How long <i>1 week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>W. H. Heyde, M.D.</i>
	Address <i>Parkton, MD</i>
Accident or Suicide? <i>Accident</i>	



Name
in
Full

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY
NEAREST FRIEND

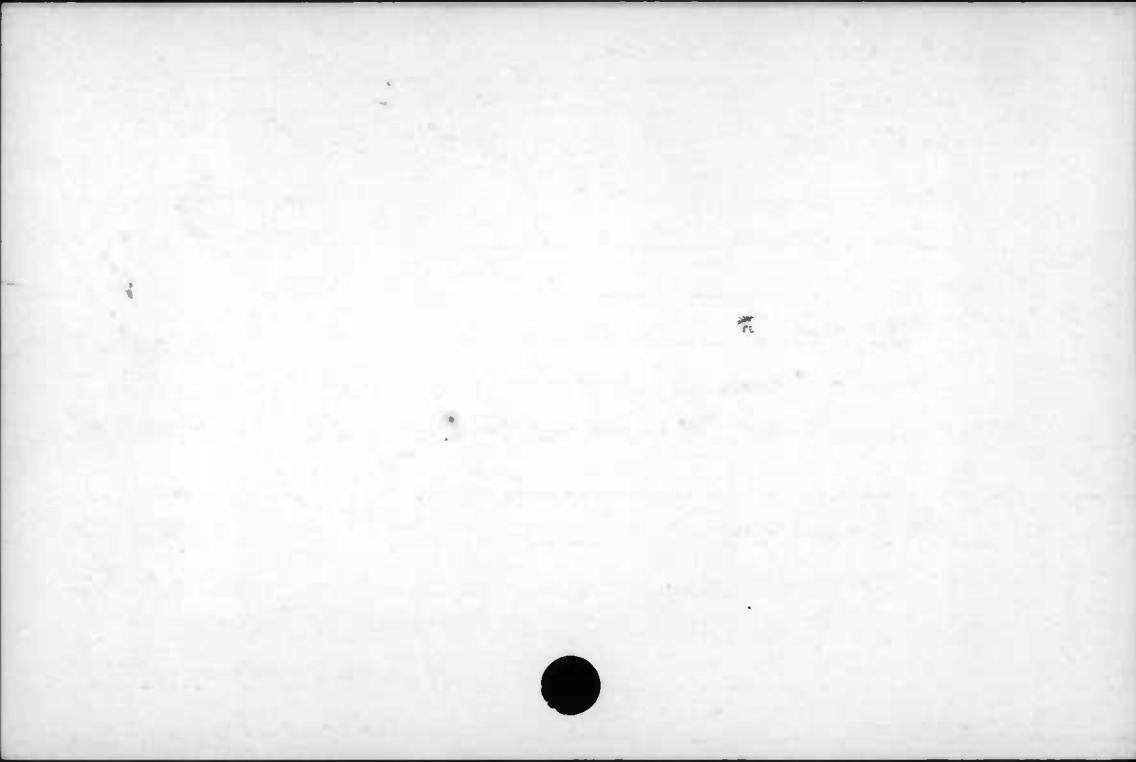
Died at <i>Delight</i> <small>Town</small>		<i>Balto</i> <small>County</small>			
Date of death <i>1908</i>	Month <i>May</i>	Day <i>22</i>	Age <i>82</i>	Months <i>—</i>	Days <i>—</i>
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>Germany</i>		
Occupation <i>Butcher</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>widower</i>	Name of Wife or Husband <i>Rosie Barbara Unverzagt</i>				
Father's Name <i>Don't know</i>	Father's Birthplace <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>		
Mother's Maiden Name <i>"</i>	How related to deceased <i>niece</i>				
Name of person giving information <i>ms F A Bengler</i>					

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary <i>Spasms of</i>	How long <i>Four days</i>
Immediate <i>Oedema of Lungs</i>	How long <i>One day</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>James Goss M.D.</i>
	Address <i>Reisterstown Md.</i>
<i>Accident or Suicide</i>	



Name

in
Full

Miss Naomi Webb

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

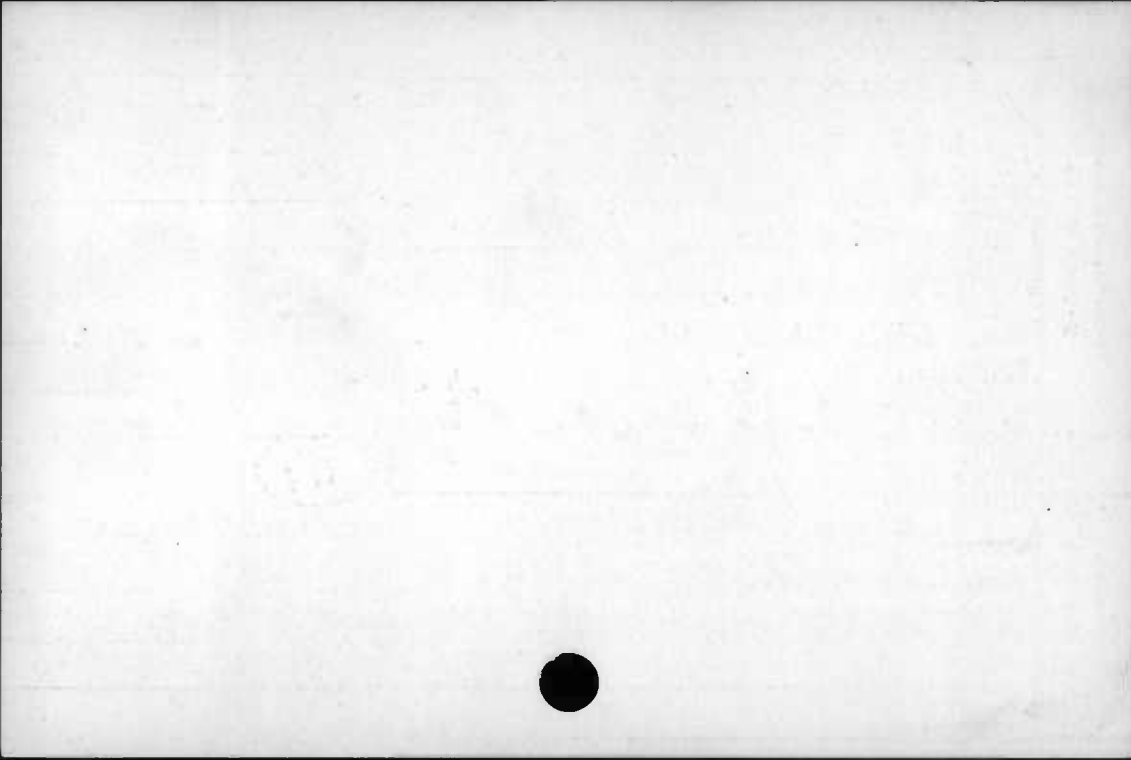
Died at <i>St Agnes Hospital</i> ^{Town}		<i>Balti.</i> ^{County}		MARYLAND	
Date of death	<i>1908</i>	Month <i>5</i>	Day <i>9</i>	Age <i>45</i>	Months —
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>md.</i>		
Occupation <i>None</i>		Where Residing if not at place of death <i>108 Millington Ave Balt.</i>			
Married , Single or Widowed		Name of Wife or Husband —			
Father's Name <i>James Webb</i>		Father's Birthplace <i>md.</i>			
Mother's Maiden Name <i>Mary Gayland</i>		Mother's Birthplace <i>Unknown</i>			
Name of person giving information <i>Mrs Stenacher</i>		How related to deceased <i>Sister</i>			

CAUSES OF DEATH

117

PHYSICIAN
OR CORONER

Primary	<i>Acute Pancreatitis (?) (Gall Stones)</i>	How long (?)	<i>3 days</i>
Immediate	<i>Toxemia</i>	How long	<i>12 hours</i>
Are the name, age, sex, color, date and place correctly given above?		<i>yes</i>	
Signature of Physician		<i>Paul Proba</i>	
Address		<i>St Agnes Hospital</i>	
Accident or Suicide?		<i>Balti. Md.</i>	



Name
in
Full

CERTIFICATE OF DEATH

Mary Elizabeth West

TO BE ANSWERED BY
NEAREST FRIEND

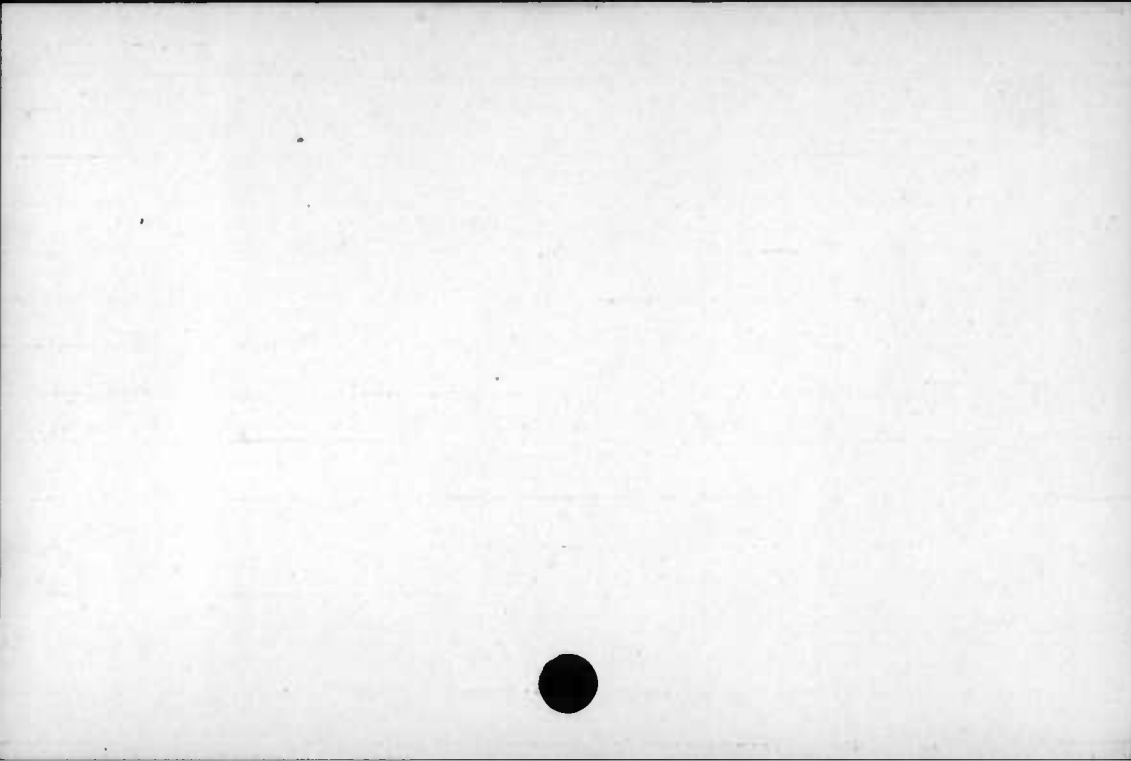
Died at <i>Wt Hope Retm</i>		Town <i>Balto</i>		County		MARYLAND	
Date of death	1908	Month	May	Day	13	Age	72
Sex		Female		Color or Race		White	
Occupation		Teacher		Birth-place		Ma -	
Where Residing if not at place of death		Maryland -					
Married, Single or Widowed		Single		Name of Wife or Husband			
Father's Name		not Known				Father's Birthplace	
Mother's Maiden Name		" "				Mother's Birthplace " "	
Name of person giving information		Reeds Wt Hope Retm				How related to deceased	
						not at all	

CAUSES OF DEATH

68

PHYSICIAN
OR CORONER

Primary	<i>Mania Chronic</i>	How long	<i>over 33 years</i>
Immediate	<i>Ex Paralysis - L. Hem -</i>	How long	<i>6 wks -</i>
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		<i>Frank J. Flannery</i>	
Address		<i>Wt Hope Retm</i>	
Accident or Suicide?		<i>Baltimore Co Ma -</i>	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

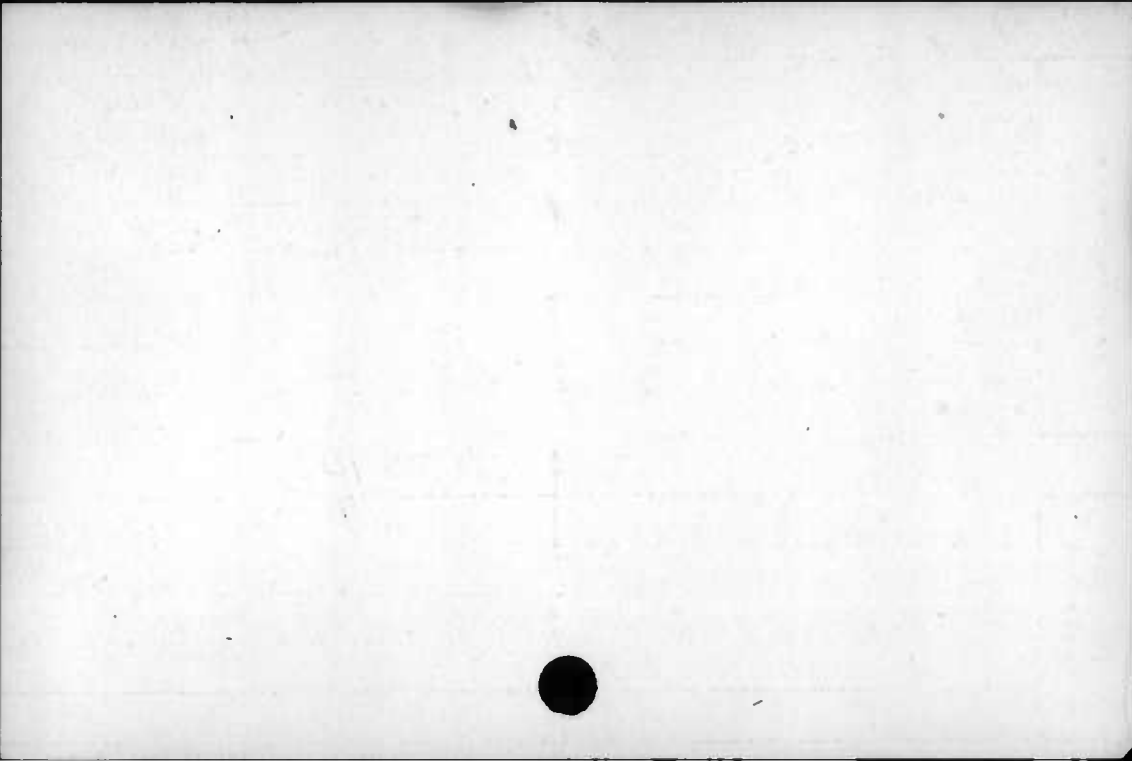
Died at		Town <i>Sparrow Point</i>		County <i>Baltimore</i>		MARYLAND	
Date of death		Month <i>May</i>	Day <i>18</i>	Age	Years —	Months <i>17</i>	Days <i>13</i>
Sex <i>Female</i>		Color or Race <i>white</i>		Birth-place <i>Baeto.</i>			
Occupation —		Where Residing If not at place of death <i>Sparrow Point</i>					
Married, Single or Widowed —		Name of Wife or Husband —					
Father's Name <i>William H. Westbrook</i>		Father's Birthplace <i>Pa</i>					
Mother's Maiden Name <i>Ella McHozell</i>		Mother's Birthplace <i>Pa</i>					
Name of person giving information <i>W. H. Westbrook</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Gastro-Enteritis</i>	How long	<i>4 days</i>
Immediate	<i>Meningitis</i>	How long	<i>2 days</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>G. L. McComick M.D.</i>	
yes		Address <i>Sparrow Point Md.</i>	
no		—	
Accident or Suicide? <i>no</i>			



**PHYSICIAN
OR CORONER**

Henry Clay Wilson

CERTIFICATE OF DEATH

Died at Brook Town

Baltimore County

MARYLAND

Date of death 1908

Month
Ellen

Day
10

Age 54 Years

6 Months

12 Days

Sex Male

Color or Race *White*

Birth-place *Barto. Co. Mo.*

Occupation Restoration

Where Residing if not
at place of death *Powson, Ind.*

Married, Single or Widowed *Married*

Name of Wife *Janna V. Wilson*

Father's Name John W. Wilson

Father's Birthplace *Perm.*

Mother's
Maiden Name Rachael Matthews

Mother's Birthplace	Barto Co. Ind
---------------------	---------------

Name of person giving information Sandra V. Wilson

How related to deceased *Wife.*

CAUSES OF DEATH

(64)

Primary Asa Felix

How long 8 days

Immediate *V V Corchaic Aethenid*

How long 24 Hours

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *Dr. Ernest Greenwald*

Address Polson Neb.

Accident or Suicide?

To be buried in
Prospect Hill cemetery
Fauson Md. on May 13th 1908
by
Henry W. Mears Jr.
9 West North Ave.
Baltimore

Name
in
Full

Sophia Winder

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

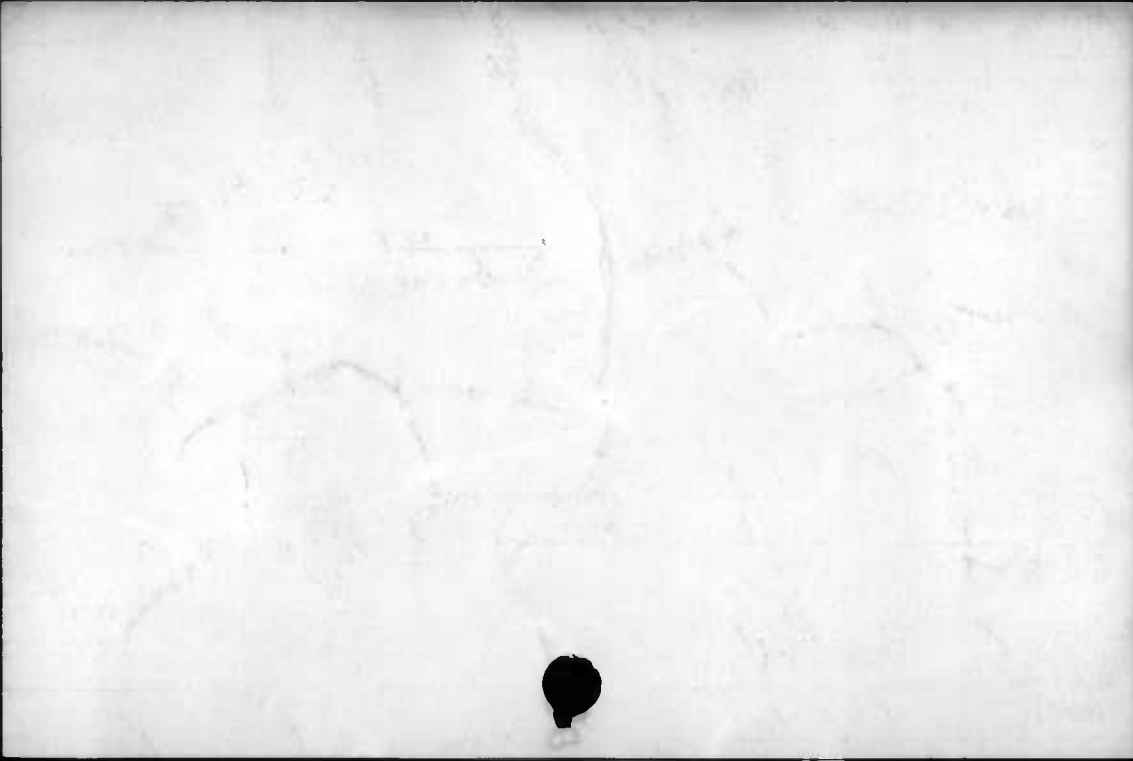
Died at		Town <i>Long Green</i>		County <i>Baltimore</i>		MARYLAND	
Date of death	1908	Month	May	Day	15 th	Age	43
				Years	11	Months	21
Sex	<i>Female</i>		Color or Race	<i>Colored</i>		Birth-place	<i>Maryland</i>
Occupation	<i>Housewife</i>			Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed	<i>Married</i>		Name of Wife or Husband	<i>Joshua Winder</i>			
Father's Name	<i>Alapandra Taylor</i>				Father's Birthplace	<i>Maryland</i>	
Mother's Maiden Name	<i>Anna Tolston</i>				Mother's Birthplace	<i>Maryland</i>	
Name of person giving information	<i>Joshua Winder</i>				How related to deceased	<i>Husband</i>	

CAUSES OF DEATH

79

PHYSICIAN
OR CORONER

Primary	<i>Fatty degeneration of heart</i>	How long	<i>(3) or more</i>
			<i>several years</i>
Immediate	<i>Syncope</i>	How long	<i>Instantaneous</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>John S. Green</i>
		Address	<i>Gittings, Md.</i>
Accident or Suicide			



Name
in
Full

Katie Wolferman

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Canton		County Balto.		MARYLAND	
Date	Month	Day	Age	Years	Months	Days	
of death	1908	May	12	6			
Sex	Female		Color or Race	White		Birth-place	Balto Co.
Occupation	none			Where Residing if not at place of death none other			
Married, Single or Widowed	Single		Name of Wife or Husband				
Father's Name	John Wolferman					Father's Birthplace	Balto Md
Mother's Maiden Name	Kate Huber					Mother's Birthplace	Balto. Md
Name of person giving information	John Wolferman					How related to deceased	Father

CAUSES OF DEATH

109

PHYSICIAN
OR CORONER

Primary	Fecal impaction		How long	unknown
Immediate	Convulsions		How long	7 hours
Are the name, age, sex, color, date and place correctly given above?		yes	Signature of Physician H. D. Jones	
			Address 119 Elliott St.	
Accident or Suicide?				

Lilly & Zeiler
Undertakers
Trinity Cemetery

MAY 14 1908

Name in Full		George Wood Jr.				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Highlandtown		County Baltimore		MARYLAND	
	Date of death	1908	Month 5	Day 23	Age 31	Years	Months Days
	Sex	Male		Color or Race White		Birth- place England	
	Occupation	Machinist		Where Residing if not at place of death 1509 Eastern Ave. Ex.			
	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Geo. Wood Sr.				Father's Birthplace England	
	Mother's Maiden Name	Mary " "				Mother's Birthplace 21 " "	
Name of person giving In formation	Geo. Wood Sr.				How related to deceased Father		
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Gastritis				How long 6 days	
	Immediate	Exhaustion				How long	
	Are the name, age, sex, color, date and place correctly given above?				yes		
	Signature of Physician				H. Warner		
	Address				1120 Highland		
Accident or Suicide?				no			

104

Oak Lawn Cemetery,
John Herwig & Son
3/26/08

Name
in
Full

Baby Young

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Kantor		Town		County Ballinor		MARYLAND	
Date of death 1908	Month May	Day 4	Age 7	Years	Months	Days	Still Intact
Sex F.	Color or Race W.		Birth-place 16th St + 1st Ave				
Occupation			Where Residing if not at place of death				
Married, Single or Widowed X			Name of Wife or Husband				
Father's Name Baby Young				Father's Birthplace Balto			
Mother's Maiden Name Eva Young				Mother's Birthplace Balto			
Name of person giving information Father				How related to deceased Father			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Labor	How long	16 hours
Immediate	anemia	How long	a few hours
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		W. L. Bushnell MD	
		Address	
		3042 Hudson St	
Accident or Suicide?			

J. C. Schuh + Son -
3515 E. Balto St.

Old Lawn Cemetery
May. 5th / 08.

Name
in
Full

Adelair Gintham

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

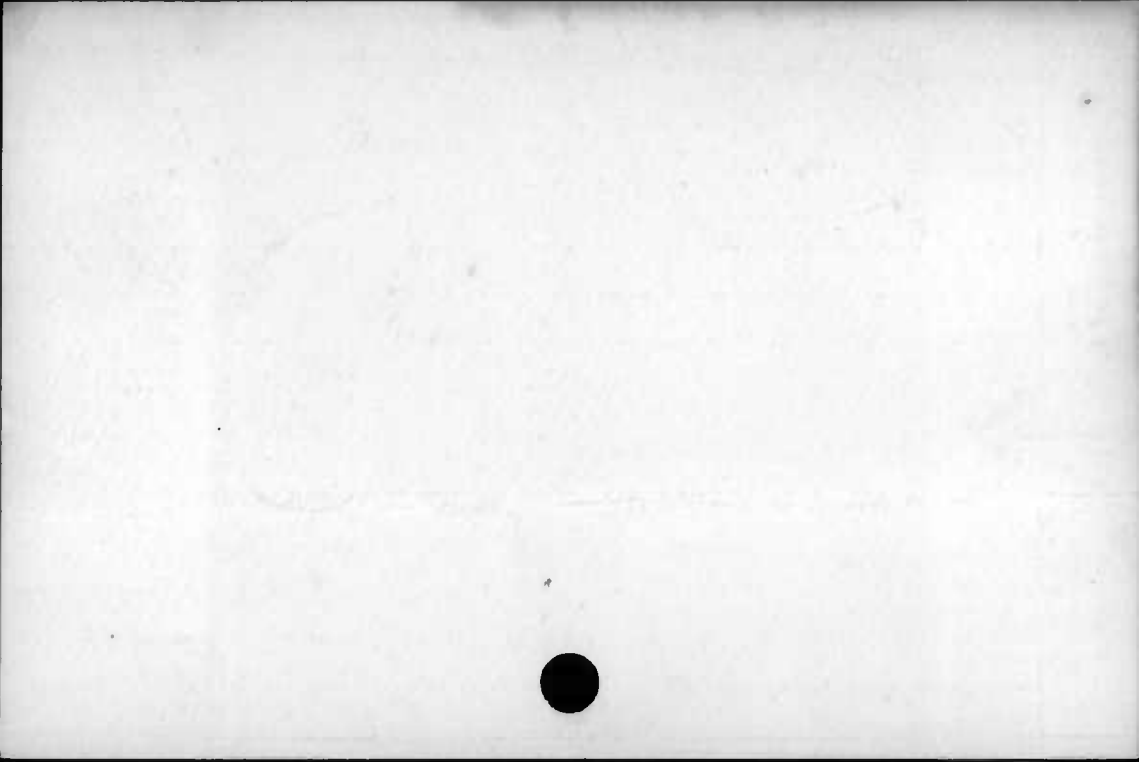
Died at <i>Monkton</i>		County <i>Balls.</i>		MARYLAND	
Date of death <i>1908</i>	Month <i>May</i>	Day <i>31</i>	Age	Years	Months <i>8</i>
Sex <i>Female</i>	Color or Race <i>white</i>		Birth-place <i>Monkton</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Charles Gintham</i>		Father's Birthplace <i>Balls Co</i>			
Mother's Maiden Name <i>Carrie Irene Young</i>		Mother's Birthplace <i>Monkton</i>			
Name of person giving information <i>John Young</i>		How related to deceased <i>Grand-father</i>			

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Premature Birth</i>	How long
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>G. Ross Payne</i>
	Address <i>Corbett</i>
Accident or Suicide? <i>No</i>	<i>md.</i>



Name
in
Full

Unknown (near Sea, 7 Portau Maine)

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>15th St</u> ^{Town}		<u>Baltimore</u> ^{County}		MARYLAND	
Date of death	1908	Month	May	Day	19 th
Age	35	Years		Months	
Sex	Male	Color or Race	White	Birth-place	Unknown
Occupation	Unknown	Where Residing if not at place of death			
Married, Single or Widowed		Name of Wife or Husband			
Father's Name		Father's Birthplace			
Mother's Maiden Name		Mother's Birthplace			
Name of person giving information		How related to deceased			

CAUSES OF DEATH

172

PHYSICIAN
OR CORONER

Primary	<u>Drowning</u>	How long
Immediate		How long

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

J. M. Gilmore, Coroner

Accident or Suicide?

Accident

Patten field -

May 21st 1908
